

# Your Child

## A Guide to Your Child's Health and Safety

INCLUDES FOLDOUT GROWTH CHART!

Your New Baby



Choosing A Child Care Provider



Healthy Children & Immunizations



Nutrition & Healthy Living



Home Safety Tips



Car Safety For Children



Additional Safety Topics



Family Emergency Planning



Keeping Your Child Safe Away From Home



The Michigan Child Protection Law





Dear Parent or Guardian,

This publication is a resource guide to your child's health and safety. Topics include suggestions for choosing a child care provider, common developmental milestones from birth to age 5 years, and information on SIDS, SUID and shaken baby syndrome. Basic tips for home safety and emergency preparedness are also discussed as well as a section that promotes healthy living and good nutrition habits for the entire family. I have also included information on child abuse and neglect prevention and excerpts from the Michigan Child Protection Law, as currently amended.

A second part of this publication is a growth chart that will provide a fun activity for you and your child as they grow. I hope you will affix the chart to a wall or door in your home and enjoy coloring the pictures, writing notes and placing photos on it together.

I would like to thank the following national, federal, state and local organizations for their assistance in providing material for this publication:

*American Academy of Pediatrics*  
*Centers for Disease Control and Prevention*  
*ChooseMyPlate.gov*  
*Early On Michigan*  
*Grants and Community Services Division, Michigan State Police*  
*Healthychildren.org*  
*Michigan Department of Community Health*  
*Michigan Department of Health and Human Services*  
*Michigan Incident Crime Reporting, Michigan State Police*  
*Michigan Office of Highway Safety and Planning*  
*National Center for Missing & Exploited Children*  
*National Center on Shaken Baby Syndrome*  
*National Highway Traffic Safety Administration*  
*Ready Michigan*  
*SafeKids Worldwide*

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Prepared by the Michigan Legislature

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(5/2015)





# The \_\_\_\_\_ Family

Fill in the information below for babysitters, caregivers or family members who will be caring for your child(ren). **Keep copies in accessible locations for quick review** such as near the phone, on the fridge, in your car, purse, briefcase, or diaper bag.

## Child Information

Name:	Allergies:		Special Instructions:
	foods	medicines	
Birth date:			
Favorite activities & toys:			

Name:	Allergies:		Special Instructions:
	foods	medicines	
Birth date:			
Favorite activities & toys:			

Name:	Allergies:		Special Instructions:
	foods	medicines	
Birth date:			
Favorite activities & toys:			

## Emergency Contact Information

CALL 9-1-1 IN AN EMERGENCY  
NATIONAL POISON CONTROL CENTER: 1-800-222-1222

Parent(s)/Guardian(s): \_\_\_\_\_

Directions to This House: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Family Meeting Spot Near Home: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fire Extinguisher(s) Located: \_\_\_\_\_

Nearest Hospital: \_\_\_\_\_

Emergency Kit Located: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

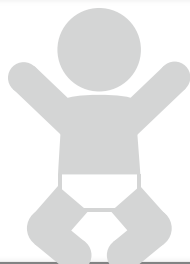
**HOUSE RULES:** \_\_\_\_\_

Neighbor's Phone: \_\_\_\_\_





# **Your Child's Health**



# Your New Baby!

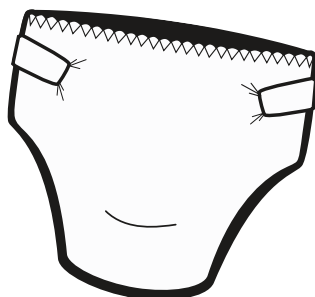
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## DIAPERING YOUR BABY

Generally, you can count on 6-10 diaper changes a day until your child is fully toilet-trained. Different diapers have advantages and disadvantages.

### CONSIDER:

**Cloth** diaper services can be delivered and picked up at your home and include laundering. The soft cloth allows a baby's skin to breathe which may help heal diaper rash. Cloth diapers may be less convenient when traveling, and may leak. Cloth diapers use more energy and water for laundering, but do not add nonbiodegradable waste to landfills.



**Disposable** diapers are convenient and available at a variety of stores. They wick moisture away from the skin and may keep your baby drier, therefore helping to prevent diaper rash. Disposable diapers may be more expensive and, because they do not degrade in landfills, they add to municipal solid waste.

**Hybrid** diapers use a reusable cloth pant with an inner absorbent liner. The inner liners in hybrid diapers can be thrown away, or sometimes they can be flushed in a toilet or even composted in the garden. Hybrid diapers can reduce your baby's exposure to some chemicals that are often in common disposable diapers. Hybrid diapers may have the least environmental impact, but they can be expensive.

### Diaper Rash Tips

Diaper rash is a common form of inflamed skin that looks like redness or small bumps in the diapering area of your baby. **One of the best ways to help prevent or treat diaper rash is to change diapers as soon as they are wet or soiled.**

#### Common Treatments

- Change diapers frequently—check your baby's diaper every hour.
- Clean your baby's skin gently. Don't use diaper wipes on inflamed skin. Warm water or baby oil on a cotton ball can be used.
- Let your baby's skin air dry or pat gently with a soft cloth before placing a clean diaper on.
- Apply a protective ointment or petroleum jelly to the skin.
- Be careful with powders. Don't let your baby breathe in the powder. Powders may retain moisture, worsening the rash.
- Contact your health care provider if the rash doesn't improve after a few days of home treatments.

## The *Period* of **PURPLE** Crying

**PURPLE IS AN ACRONYM THAT HELPS PARENTS UNDERSTAND A PERIOD OF PROLONGED, INTENSE CRYING THAT ALL BABIES GO THROUGH.**

Babies cry. Sometime babies cry for very long periods of time and nothing seems to help soothe them.

*Is something wrong  
with my baby?*

*Am I doing something wrong?*

This period of crying is actually a **normal part of every infant's development**. It begins at about two weeks of age and continues until babies are about three to four months old.

**It is important to remember that this crying will pass.**

### Tips to Try to Calm Your Baby

- 1** Check that your baby isn't hungry, in pain or discomfort, or in need of a diaper change. Try offering a pacifier.
- 2** Hold your baby in your arms, either on their left side to help with digestion or on their stomach, always supporting their head. Calming motions such as gently rocking and patting your baby's back may help. Avoid over-stimulation like excessively patting, loud music or tv noise, or rattling toys.
- 3** Turn on calming white noise such as a fan, vacuum, or even a recording of a heartbeat. These sounds may remind your baby of being inside the womb.
- 4** Avoid overfeeding your baby which can make them feel uncomfortable. Try to wait 2 to 2-1/2 hours between feedings.
- 5** Food sensitivity may be a problem for both breastfed and bottle-fed babies. Talk with your health care provider about possible diet changes.

Source: [healthychildren.org](http://healthychildren.org) and [www.cdc.gov](http://www.cdc.gov).

### The Letters in **PURPLE** Stand for

**P**

**PEAK OF  
CRYING**

Your baby may cry more each week, the most in month 2, then less in months 3-5

**U**

**UNEXPECTED**

Crying can come and go and you don't know why

**R**

**RESISTS  
SOOTHING**

Your baby may not stop crying no matter what you try

**P**

**PAIN-LIKE  
FACE**

A crying baby may look like they are in pain, even when they are not

**L**

**LONG  
LASTING**

Crying can last as much as 5 hours a day, or more

**E**

**EVENING**

Your baby may cry more in the late afternoon and evening

The word *Period* means that the crying has a beginning and an end.



## Shaken Baby Syndrome

**SHAKEN BABY SYNDROME (SBS) IS A PREVENTABLE, YET SEVERE, FORM OF PHYSICAL CHILD ABUSE. IT OCCURS WHEN AN INFANT IS VIOLENTLY SHAKEN, OFTEN IN RESPONSE TO THE BABY CRYING.**

Babies, especially newborns to one-year-olds, are at an increased risk of sustaining an injury from shaking. Babies have weak neck muscles and their brains are fragile and still developing. Shaking a baby, even for a few seconds, can cause serious damage and possibly even death.

*It is crucial that you or anyone who cares for your baby never become so frustrated that they shake the baby.*

### Take A Break, Don't Shake!

Being the parent of a new baby is not easy. In addition to the joy and excitement, there is also exhaustion, frustration, and uncertainty.

When you are already tired and your baby is crying, especially long bouts of inconsolable crying, it is normal to feel frustrated and helpless.

However, it's important to know how to cope when you find yourself becoming too frustrated. *This goes for anyone who may be caring for your baby, including the father, partner, grandparent, other family members, or friends.*

Everyone must understand that **crying is normal** for healthy babies, especially in the first four months of life.

***Be aware of your anger and frustration levels and watch for signs of these emotions in others who may care for your baby.***

#### IF YOU BECOME TOO FRUSTRATED

- **Put your baby down in a safe place, such as their crib, and walk away.**
- **It's okay to let your baby cry for a bit while you regroup.** Take some deep breaths and try to calm down.
- **Check on your baby every 10-15 minutes, but it's okay to let them cry in their crib while you take a break.**
- **It's more important to stay calm than to stop your baby's crying.** Remind yourself that this will pass.

### Sources For More Information

**American Academy of Pediatrics**  
Phone: 1-847-434-4000  
[www.aap.org](http://www.aap.org)

**Centers for Disease Control and Prevention**  
Phone: 1-800-232-4636  
[www.cdc.gov](http://www.cdc.gov)

**Children's Trust Fund of Michigan**  
Phone: 517-373-4320  
[www.michigan.gov/ctf](http://www.michigan.gov/ctf)

**Circle of Parents, Michigan**  
Phone: 517-241-7792  
[www.circleofparents.org](http://www.circleofparents.org)

**National Center on Shaken Baby Syndrome**  
Phone: 1-888-273-0071  
[www.dontshake.org](http://www.dontshake.org)

**Period of PURPLE Crying**  
Phone: 1-801-447-9360  
[www.PURPLEcrying.info](http://www.PURPLEcrying.info)

**Prevent Child Abuse America**  
Phone: 1-312-663-3520  
[www.preventchildabuse.org](http://www.preventchildabuse.org)

***State and local health departments are also good resources.***

## SIDS and SUID

**SIDS (Sudden Infant Death Syndrome)** is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and review of the clinical history.<sup>1</sup>

**SIDS IS THE LEADING CAUSE OF DEATH AMONG INFANTS AGES 1-12 MONTHS, AND IS THE THIRD LEADING CAUSE OVERALL OF INFANT MORTALITY IN THE UNITED STATES.<sup>2</sup>**

**SUID (Sudden Unexpected Infant Death)** is the death of an infant less than 1 year of age that occurred suddenly and unexpectedly, and whose cause of death is not immediately obvious prior to investigation. After a thorough case investigation, many of these sudden unexpected infant deaths may be explained. Poisoning, metabolic disorders, hyper- or hypothermia, neglect, homicide, and suffocation are all explainable causes of SUID.<sup>3</sup> About one-half of all SUID cases are SIDS, while the cause of some SUID cases are never found.

### Where is the Safest Place for Baby to Sleep?

#### ***“Room share” – DON’T “bed share”***

The safest place for your baby to sleep is in their own crib or bassinet. Keep the crib in your bedroom so you can easily watch or feed your baby. **Do not put your baby to sleep in an adult bed.** Parents can roll over onto their babies, or babies can become entangled in sheets or blankets.

### FACTS about SIDS & Safe Infant Sleep

**FACT:** *A baby cannot “catch” or spread SIDS.* SIDS is not caused by an infection.


**FACT:** *Babies who sleep on their back are NOT more likely to choke if they spit up or vomit during sleep.* In fact, babies might clear these fluids better when they sleep on their back because of the location of the windpipe. Also, healthy babies naturally swallow or cough up fluids — it’s a natural reflex all people have to make sure their airway is kept clear. If your baby has reflux or congestion, consult your pediatrician.

**FACT:** *Babies are at risk of SIDS only until they are 1 year old.* Most SIDS deaths occur when babies are between 1 and 4 months old.

**FACT:** *Cribs themselves do not cause “crib death” or SIDS.* But the sleep environment, such as having a soft sleep surface, can increase the risk of SIDS and other sleep-related causes of infant death.

**FACT:** *Crib bumper pads should NOT be used in your baby’s sleep area.* Safety standards ensure that the crib slats are durable and not wide enough for a baby to slip through (on models from June 2011 and newer). Therefore bumper pads are not necessary, and may pose a suffocation or strangulation threat to your baby.

***See the next page for ways to create a safe sleep environment for your baby.***



<sup>1-3</sup> Centers for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov)

## Sleep Safety

***Creating a safe sleep environment for your baby is one of the most important things you can do to reduce SIDS and accidental suffocation.***

Many infants die during sleep from unsafe sleep environments. There are several things you can do to make sleep time as safe as possible. ***Share this information with anyone who cares for your baby.***

1. **ALWAYS** place babies to sleep on their backs—every night and for every nap. Be sure this is understood by all family members, babysitters, or anyone else who may care for your baby.

***Unaccustomed tummy sleeping*** is when a baby who is used to sleeping on their back is placed to sleep on their tummy by a different caregiver. This **greatly** increases the risk of SIDS.

2. **NEVER** put your baby to sleep in an adult bed with you or with other children. It is very easy to roll over on your baby or for your baby to become entangled in sheets or blankets. **Always put babies to sleep in their own crib or bassinet.** If you choose to use a baby monitor, don't rely on it to keep your baby safe. While baby monitors can be helpful, they can offer a false sense of security.
3. **ALWAYS** place your baby in a safety-approved crib or bassinet and use a firm mattress. Use a tightly fitted sheet to cover the mattress. Your baby is not safe on a couch, in a doll bed, or in another improvised sleeping area.
4. **NEVER** place blankets, quilts, pillows, bumper pads, or use wedges or positioners in your baby's crib. These can cause suffocation or entrapment. Clothing made for sleeping, such as sleep sacks or wearable blankets, are good alternatives.
5. **AVOID** overdressing your baby for sleep times. Keep the room comfortable for you and dress your baby as you are dressed. Your baby could be too hot if you notice sweating, damp hair, flushed cheeks or rapid breathing.
6. **NEVER** smoke or let anyone else smoke around your baby. Keep your home and car smoke-free.

**This is what a safe sleep environment looks like.**

**No pillows, blankets, bumper pads, wedges, or toys.**



### TUMMY TIME!

It is important for your baby to spend time on their tummy when they are awake – but only when supervised. This strengthens your baby's neck and shoulder muscles and helps to avoid flat spots on their heads.

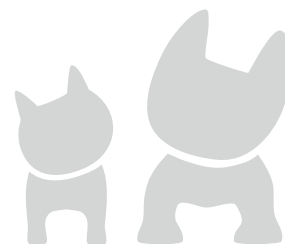


## Pets & Your Family

### Introducing Your New Baby to Your Pet

Over 60% of U.S. households have at least one pet. A new baby affects all members of your family including your pets. Animals are very sensitive to changes and a drop in human attention can be greatly distressing. This may cause pets to be surrendered to animal shelters.

The following tips can help prepare your pet for your new baby's arrival.



- When you return home, your pet may be eager for your attention. Have a family member take the baby into another room while you give your pet warm, but calm affection.
- After the initial greeting, allow your pet to sit with you next to the baby. Reward your pet for good behavior. *Remember, you want your pet to view your new baby as a positive experience.*
- Try to practice patience and never force your pet to get near the baby. Supervise all early interactions between your pet and your baby.

### BEFORE YOUR BABY COMES HOME

- Begin to adjust your pet to a new schedule of feeding, walking and attention that can be maintained when your baby comes home.
- Get your pet used to nail trims.
- Spay or neuter your pet; typically they are calmer and less likely to bite. Consistently redirect any gentle nibbling, pouncing, or swatting behavior to appropriate toys or objects.
- Accustom your pet to new smells and sounds. Allow your pet to inspect the baby's room and the items in there. Rattle any toys, wind up infant swings, or even play recordings of a baby crying. Always make these positive experiences and reward your pet for good behavior.
- If the baby's room will be off limits to your pet, consider using a screen door or a pet gate instead of closing the door. Your pet will feel less isolated from the family and can still see, smell, and hear what's going on in the room.

### BABY IS COMING HOME!

Drastically reducing attention and frequently scolding or isolating your pet after your new baby comes home will likely make your pet feel stressed. This may lead to seeking attention through negative behavior. Try to take into account your pet's natural curiosity and include them in this exciting time!

- Bring home something with your baby's scent ahead of time.

### Is My Child Ready for a Pet?

Before agreeing to get your child a pet, consider your household's routine, your willingness and your child's ability to care for a pet, as well as your child's disposition and maturity level. Younger children may have difficulty distinguishing an animal from a toy.

Supervision will be needed so the animal doesn't frighten or injure your child, and that your child can treat your pet with the gentleness that animals require. Also consider the type and breed of an animal and their typical temperaments.



**PREGNANT?  
YES, YOU CAN  
KEEP YOUR CAT!**



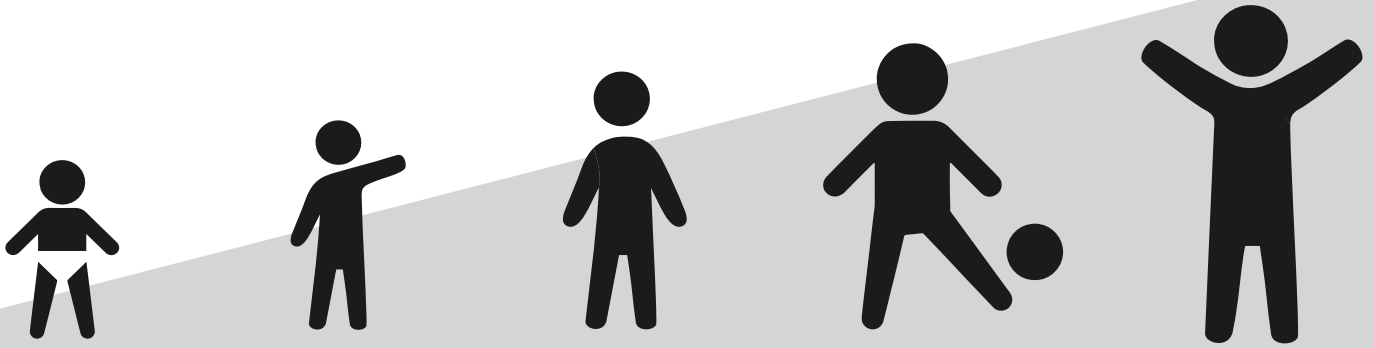
If you're pregnant, you may have heard of toxoplasmosis, and that owning a cat may increase your risk of contracting it.

The Centers for Disease Control and Prevention (CDC) reports that you are *more* likely to get toxoplasmosis from eating or handling contaminated raw or undercooked meat. You can also get it by touching contaminated soil or eating unwashed fruits and vegetables from the garden.

The CDC recommends that you always wash your hands thoroughly after cleaning litter boxes, or if you have been scratched or bitten by a cat. As an extra precaution, have another family member clean the box during your pregnancy.



## Milestones Checklist



### As Your Child Grows

From birth to 5 years, your child should reach a variety of developmental milestones such as responding to loud noises, recognizing familiar faces, and eventually crawling, walking and talking. Pages 9-15 include checklists to use as a guide to your child's development.<sup>1</sup> *These should not be used as a substitute for standardized, validated development screening tools.*

Any concerns you may have regarding your child's development should be addressed as early as possible. Research has shown that by addressing delays early on—especially between birth and age 3—more can be done to effectively impact a child's development, even into adulthood. **Don't Worry. But Don't Wait.**<sup>2</sup>

### What Babies Typically Do at 2 MONTHS

- ☐ Begins to smile at people
- ☐ Can briefly calm themselves (may bring hands to mouth and suck on hand)
- ☐ Tries to look at parent
- ☐ Coos, makes gurgling sounds
- ☐ Turns head toward sounds
- ☐ Pays attention to faces
- ☐ Begins to follow things with eyes and recognize people at a distance
- ☐ Begins to act bored (cries, fussy) if activity doesn't change

- ☐ Can hold head up and begins to push up when lying on stomach
- ☐ Makes smoother movements with arms and legs

.....  
***Tell your child's doctor or nurse if you notice any of the following signs at 2 months old***

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- When on stomach and pushing up, unable to hold head upright

### What Babies Typically Do at 4 MONTHS

- ☐ Smiles spontaneously, especially at people
- ☐ Likes to play with people and might cry when playing stops
- ☐ Copies some movements and facial expressions, like smiling or frowning
- ☐ Begins to babble
- ☐ Babbles with expression and copies sounds heard
- ☐ Cries in different ways to show hunger, pain, or being tired

<sup>1</sup> Milestones Checklist provided by the Centers for Disease Control and Prevention.

<sup>2</sup> Early On Michigan, [www.1800earlyon.org](http://www.1800earlyon.org).

## As Your Child Grows

### What Babies Typically Do at 4 MONTHS

- ☐ Responds to affection
- ☐ Reaches for toy with one hand
- ☐ Uses hands and eyes together, such as seeing a toy and reaching for it
- ☐ Recognizes familiar people and things at a distance
- ☐ Holds head steady, unsupported
- ☐ Pushes down on legs when feet are on a hard surface
- ☐ May be able to roll over from stomach to back
- ☐ Can hold a toy and shake it and swing at dangling toys
- ☐ Brings hands to mouth
- ☐ When lying on stomach, pushes up to elbows

.....  
**Tell your child's doctor or nurse if you notice any of the following signs at 4 months old**

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

### What Babies Typically Do at 6 MONTHS

- ☐ Knows familiar faces and begins to know if someone is a stranger
- ☐ Likes to play with others, especially parents
- ☐ Responds to other people's emotions and often seems happy
- ☐ Likes to look at self in a mirror
- ☐ Responds to sounds by making sounds
- ☐ Strings vowels together when babbling ("ah", "eh", "oh") and likes taking turns with parent while making sounds
- ☐ Responds to own name
- ☐ Makes sounds to show joy and displeasure
- ☐ Begins to say consonant sounds (jabbering with "m" and "b")
- ☐ Looks around at things nearby
- ☐ Brings things to mouth
- ☐ Shows curiosity about things and tries to get things that are out of reach
- ☐ Begins to pass things from one hand to the other
- ☐ Rolls over in both directions (front to back, back to front)
- ☐ Begins to sit without support
- ☐ When standing, supports weight on legs and might bounce

- ☐ Rocks back and forth, sometimes crawling backward before moving forward

.....  
**Tell your child's doctor or nurse if you notice any of the following signs at 6 months old**

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds ("ah", "eh", "oh")
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

### What Babies Typically Do at 9 MONTHS

- ☐ May be afraid of strangers
- ☐ May be clingy with familiar adults
- ☐ Has favorite toys
- ☐ Understands "no"
- ☐ Makes a lot of different sounds like "mamamama" and "bababababa"
- ☐ Copies sounds and gestures of others



## As Your Child Grows

### What Babies Typically Do at 9 MONTHS

- ☐ Uses fingers to point at things
- ☐ Watches the path of something as it falls
- ☐ Looks for things they see you hide
- ☐ Plays peek-a-boo
- ☐ Puts things in their mouth
- ☐ Moves things smoothly from one hand to the other
- ☐ Picks up things like cereal o's between thumb and index finger
- ☐ Stands, holding on
- ☐ Can get into sitting position
- ☐ Sits without support
- ☐ Pulls to stand
- ☐ Crawls

.....  
**Tell your child's doctor or nurse if you notice any of the following signs at 9 months old**

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama", "baba", "dada")
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to the other

### What Children Typically Do at 1 YEAR

- ☐ Is shy or nervous with strangers
- ☐ Cries when mom or dad leaves
- ☐ Has favorite things and people
- ☐ Shows fear in some situations
- ☐ Hands you a book when they want to hear a story
- ☐ Repeats sounds or actions to get attention
- ☐ Puts out arm or leg to help with dressing
- ☐ Responds to simple spoken requests
- ☐ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ☐ Makes sounds with changes in tone (sounds more like speech)
- ☐ Says "mama" and "dada" and exclamations like "uh-oh!"
- ☐ Tries to say words you say
- ☐ Explores things in different ways, like shaking, banging, throwing
- ☐ Finds hidden things easily
- ☐ Looks at the right picture or thing when it's named
- ☐ Copies gestures
- ☐ Starts to use things correctly; for example, drinks from a cup, brushes hair
- ☐ Bangs two things together

- ☐ Puts things in a container, takes things out of a container
- ☐ Lets things go without help
- ☐ Pokes with index (pointer) finger
- ☐ Follows simple directions like "pick up the toy"
- ☐ Gets to a sitting position without help
- ☐ Pulls up to stand, walks holding on to furniture
- ☐ May take a few steps without holding on
- ☐ May stand alone

.....  
**Tell your child's doctor or nurse if you notice any of the following signs at 1 year old**

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that they see you hide
- Doesn't say single words like "mama" or "dada"
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills they once had

### What Children Typically Do at 1-1/2 YEARS (18 Months)

- ☐ Likes to hand things to others as play
- ☐ May have temper tantrums



## As Your Child Grows

### What Children Typically Do at 1-1/2 YEARS (18 Months)

- ☐ May be afraid of strangers
- ☐ Shows affection to familiar people
- ☐ Plays simple pretend, such as feeding a doll
- ☐ May cling to caregivers in new situations
- ☐ Points to show others something interesting
- ☐ Explores alone but with parent close by
- ☐ Says several single words
- ☐ Says and shakes head "no"
- ☐ Points to show someone what they want
- ☐ Knows what ordinary things are for; for example, telephone, brush, spoon
- ☐ Points to get the attention of others
- ☐ Shows interest in a doll or stuffed animal by pretending to feed
- ☐ Points to one body part
- ☐ Scribbles on their own
- ☐ Can follow one-step verbal commands without any gestures; for example, sits when you say "sit down"
- ☐ Walks alone
- ☐ May walk up steps and run
- ☐ Pulls toys while walking

- ☐ Can help undress themselves
- ☐ Drinks from a cup
- ☐ Eats with a spoon

.....  
***Tell your child's doctor or nurse if you notice any of the following signs at 1-1/2 years old (18 months)***

- Doesn't point to show things to others
- Can't walk
- Doesn't know what familiar things are for
- Doesn't copy others
- Doesn't gain new words
- Doesn't know at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills they once had

### What Children Typically Do at 2 YEARS

- ☐ Copies others, especially adults and older children
- ☐ Gets excited when with other children
- ☐ Shows more and more independence
- ☐ Shows defiant behavior (doing what they have been told not to)
- ☐ Plays mainly beside other children, but is beginning to include other children, such as in chase games

- ☐ Points to things or pictures when they are named
- ☐ Knows names of familiar people and body parts
- ☐ Says sentences with 2 to 4 words
- ☐ Follows simple instructions
- ☐ Repeats words overheard in conversation
- ☐ Points to things in a book
- ☐ Finds things even when hidden under 2 or 3 covers
- ☐ Begins to sort shapes and colors
- ☐ Completes sentences and rhymes in familiar books
- ☐ Plays simple make-believe games
- ☐ Builds towers of 4 or more blocks
- ☐ Might use one hand more than the other
- ☐ Follows two-step instructions such as "Pick up your shoes and put them in the closet"
- ☐ Names items in a picture book such as a cat, bird, or dog
- ☐ Stands on tiptoe
- ☐ Kicks a ball
- ☐ Begins to run
- ☐ Climbs onto and down from furniture without help
- ☐ Walks up and down stairs holding on
- ☐ Throws ball overhand



## As Your Child Grows

### What Children Typically Do at 2 YEARS

- ☐ Makes or copies straight lines and circles

.....  
**Tell your child's doctor or nurse if you notice any of the following signs at 2 years old**

- Doesn't use two-word phrases (for example, "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy actions and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills they once had

### What Children Typically Do at 3 YEARS

- ☐ Copies adults and friends
- ☐ Shows affection for friends without prompting
- ☐ Takes turns in games
- ☐ Shows concern for a crying friend
- ☐ Understands the idea of "mine" and "his" or "hers"
- ☐ Shows a wide range of emotions
- ☐ Separates easily from mom and dad

- ☐ May get upset with major changes in routine
- ☐ Dresses and undresses self
- ☐ Follows instructions with 2 or 3 steps
- ☐ Can name most familiar things
- ☐ Understands words like "in," "on," and "under"
- ☐ Says first name and age
- ☐ Names a friend
- ☐ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- ☐ Talks well enough for strangers to understand most of the time
- ☐ Carries on a conversation using 2 to 3 sentences
- ☐ Can work toys with buttons, levers, and moving parts
- ☐ Plays make-believe with dolls, animals, and people
- ☐ Does puzzles with 3 or 4 pieces
- ☐ Understands what "two" means
- ☐ Copies a circle with pencil or crayon
- ☐ Turns book pages one at a time
- ☐ Builds towers of more than 6 blocks
- ☐ Screws and unscrews jar lids or turns door handle
- ☐ Climbs well
- ☐ Runs easily

- ☐ Pedals a tricycle (3-wheel bike)
- ☐ Walks up and down stairs, one foot on each step

.....  
**Tell your child's doctor or nurse if you notice any of the following signs at 3 years old**

- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills they once had

### What Children Typically Do at 4 YEARS

- ☐ Enjoys doing new things
- ☐ Is more and more creative with make-believe play
- ☐ Would rather play with other children than by themselves
- ☐ Cooperates with other children
- ☐ Often can't tell what's real and what's make-believe



## As Your Child Grows

### What Children Typically Do at 4 YEARS

- ☐ Talks about what they like and what they are interested in
- ☐ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ☐ Sings a song or says a poem from memory
- ☐ Tells stories
- ☐ Can say first and last name
- ☐ Names some colors and some numbers
- ☐ Understands the idea of counting
- ☐ Starts to understand time
- ☐ Remembers parts of a story
- ☐ Understands the idea of "same" and "different"
- ☐ Draws a person with 2 to 4 body parts
- ☐ Uses scissors
- ☐ Starts to copy some capital letters
- ☐ Plays board or card games
- ☐ Tells you what they think will happen next in a book
- ☐ Hops and stands on one foot up to 2 seconds
- ☐ Catches a bounced ball most of the time
- ☐ Pours, cuts with supervision, and mashes own food

.....  
***Tell your child's doctor or nurse if you notice any of the following signs at 4 years old***

- Can't jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- Doesn't follow three-part commands
- Doesn't understand "same" and "different"
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- Loses skills they once had

### What Children Typically Do at 5 YEARS

- ☐ Wants to please friends
- ☐ Wants to be like friends
- ☐ More likely to agree with rules
- ☐ Likes to sing, dance, and act
- ☐ Is aware of gender

- ☐ Can tell what's real and what's make-believe
- ☐ Shows more independence
- ☐ Is sometimes demanding and sometimes very cooperative
- ☐ Speaks very clearly
- ☐ Tells a simple story using full sentences
- ☐ Uses future tense; for example, "Grandma will be here"
- ☐ Says name and address
- ☐ Counts 10 or more things
- ☐ Can draw a person with at least 6 body parts
- ☐ Can print some letters or numbers
- ☐ Copies a triangle and other geometric shapes
- ☐ Knows about things used every day, like money and food
- ☐ Stands on one foot for 10 seconds or longer
- ☐ Hops; may be able to skip
- ☐ Can do a somersault
- ☐ Uses a fork and spoon and sometimes a table knife
- ☐ Can use the toilet on their own
- ☐ Swings and climbs





## As Your Child Grows

### What Children Typically Do at 5 YEARS

*Tell your child's doctor or nurse if you notice any of the following signs at 5 years old*

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn't respond to people, or responds only superficially
- Can't tell what's real and what's make-believe
- Doesn't play a variety of games and activities
- Can't give first and last name
- Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Can't brush teeth, wash and dry hands, or get undressed without help
- Loses skills they once had

**Early On Michigan** is a statewide system of early intervention services that specialize in evaluating and treating children (ages birth to 3 years) that are not developing at the same rate as other kids. This can include physical, mental, communication, adaptive, social or emotional development.

If you are concerned about the development or health of your child, talk to a professional at your local health department or consult with your child's pediatrician.



#### FOR MORE INFORMATION

##### **Early On Michigan**

call: 1-800-EARLY ON  
(1-800-327-5966)

or visit: [www.1800earlyon.org](http://www.1800earlyon.org)

##### **Centers for Disease Control and Prevention**

1-800-CDC-INFO  
[www.cdc.gov/concerned](http://www.cdc.gov/concerned)







# Choosing A Child Care Provider

There are many different child care choices and settings. An age-appropriate child care that provides a loving, safe, stable and stimulating environment while enhancing your child's physical, emotional, social and intellectual development are all factors to consider when choosing a provider.

## COMMON CHILD CARE SETTINGS

**Child Care Centers** – classroom-based programs that provide care and education including child care, prekindergarten, preschools, nursery schools, before- and after-school programs, and Head Start programs.

**Group Child Care Homes** – group homes for up to 12 children with two or more adult caregivers.

**Family Child Care Homes** – family homes that provide care for up to 6 children with 1 adult caregiver.

**Unlicensed Providers** – an adult who is 18 years or older and enrolled to provide care for up to 4 children at one time in their home or the child's home. To provide care in the provider's home, the provider must be related to the child(ren) by blood, marriage, or adoption as a grandparent/great-grandparent, uncle/great uncle, aunt/great aunt, or a sibling.

**Consider more than one provider before making a final decision. Plan on staying at each location for at least an hour.**

**Talk with providers and observe different interactions between caregivers and the children they care for.**



### FOR MORE INFORMATION

Child care licensing, complaints, and provider information, Child Development and Care Program (CDC), child care and family assistance, contact:



**Department of Licensing and Regulatory Affairs (LARA)**  
[michigan.gov/lara](http://michigan.gov/lara)



**Child Development and Care, Michigan Department of Education**  
1-866-990-3227  
[michigan.gov/mde](http://michigan.gov/mde)



**Great Start to Quality Resource Center**  
1-877-614-7328



**Michigan Department of Health and Human Services**  
1-855-275-6424  
[michigan.gov/mdhhs](http://michigan.gov/mdhhs)

You may apply for Michigan assistance online at:  
[www.mibridges.michigan.gov/access](http://www.mibridges.michigan.gov/access)

## Choosing A Child Care Provider

### QUESTIONS YOU MAY WANT TO ASK WHEN VISITING A CHILD CARE PROVIDER

- What are the **qualifications** of the provider and staff?
- What are the **child-to-staff ratios** and **group size**?
- Are **immunizations** required before entry?
- What methods of **discipline** are used, and in what circumstances?
- Is proper **sanitation** and handwashing practiced, especially when diapering multiple children?
- Is **supervision** always provided, even when children are napping?
- Are all **toxic substances** locked away and out of sight? Are poison control sign(s) displayed?
- What are the provider's various **emergency plans** for natural disasters, fire, flood, etc.?
- Are there **first aid kits**? Fire extinguishers?
- What type of **background checks** have been done on staff? Are references available?
- What is the procedure for **medication dispensing** if needed?
- Are all staff certified in **CPR** for infants and small children? First aid?
- Are all staff aware of and do they follow **safe sleep practices**?
- Are **on-site play areas** inspected for safety, surrounded by a fence, and kept clean?
- What is the provider's **visiting policy**?
- If **transportation** is provided by the caregiver, are proper car seats, booster chairs, and enough seat belts available?
- Are **healthy meal and snack choices** provided? Is there clean, self-serve water always available?
- What specific **fees and services** will be charged? Including
  - billing schedule
  - extra/outside activities
  - snacks/meals
  - pick-up/drop-off times
  - flexible scheduling

***When choosing a child care environment or provider, you may want to consider the following:***

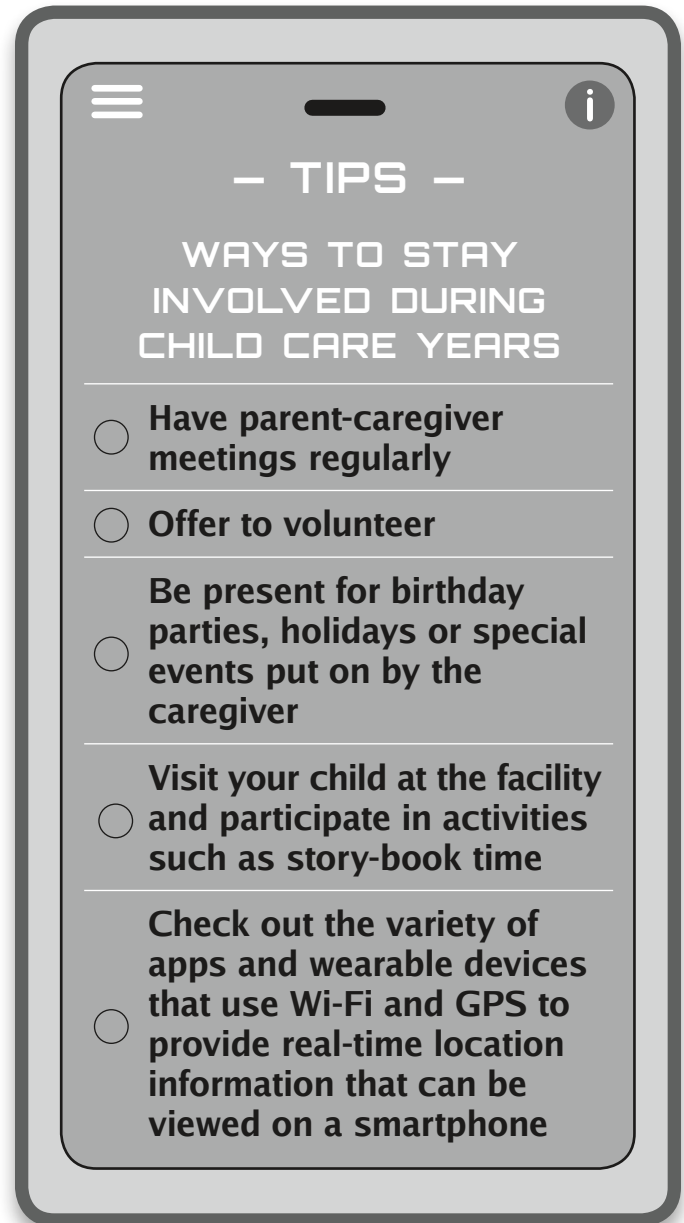
- Does the provider show respect for the children and their families?
- What is the adult-to-child ratio? Do you feel it is appropriate for the environment? Common guidelines: 1 adult to 4 infants  
1 adult to 6 toddlers  
1 adult to 9 preschoolers
- Will the provider present regular communication regarding my child's progress and activities?
- Are healthy activities and goals established for the children?

## Choosing A Child Care Provider

### Additional Things to Think About

- Does the provider smile, talk and laugh with the children?
- Is there one-on-one time spent with each child?
- Do the children look happy and comfortable?
- Does the daily routine include quiet time and active play time?
- Is the caregiver respectful of your values and culture?
- Is the caregiver reliable? You may want to talk with parents of children already in the provider's care.
- If your child has unique needs, will these be met as often as necessary?
- Is the provider licensed or registered with Office of Children and Adult Licensing (OCAL)?

Each provider should be able to show you a current license or registration certificate. This is the only way a facility can operate legally and it is a step toward assuring a safe and healthy environment for your child away from home.



**For more information on choosing child care providers in your area, visit:**

[www.greatstarttoquality.org](http://www.greatstarttoquality.org)

[www.childcareaware.org](http://www.childcareaware.org)

[www.michigan.gov/dhs](http://www.michigan.gov/dhs)

[www.michigan.gov/mde](http://www.michigan.gov/mde)





# Healthy Children & Immunizations

<b>Why Vaccinate?</b> .....	page 21
<b>The Vaccines for Children (VFC) Program</b> .....	page 22
<b>Recommended Childhood &amp; Adolescent Immunization Schedule</b> .....	page 23
<b>Everyday Germ Prevention</b> .....	page 24

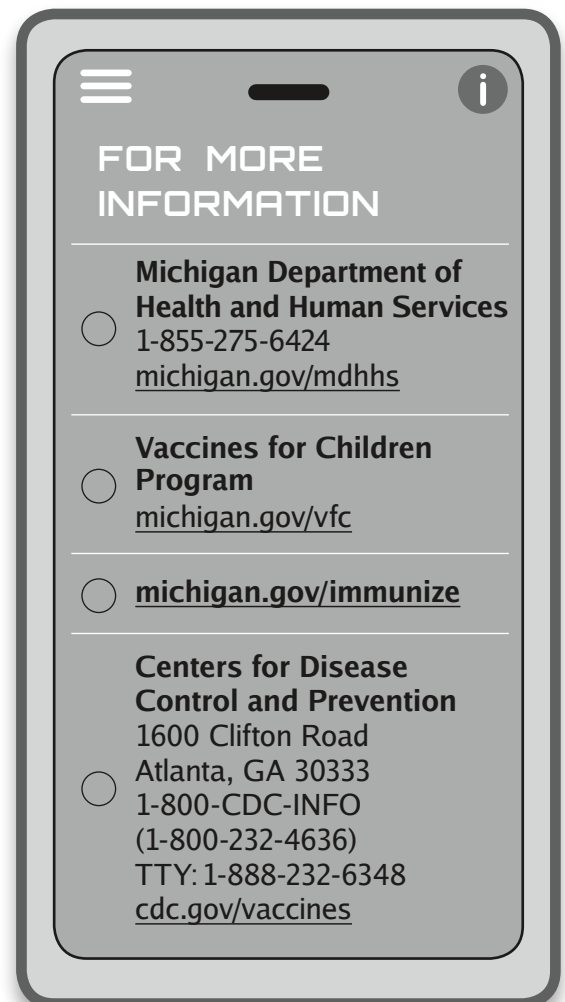
## WHY VACCINATE?

**Vaccines reduce the risk of infection by developing your body's natural immunity to disease. Vaccines protect not only individuals but entire communities.**

Vaccines help develop your body's natural immune system by imitating an infection, but not causing illness. Vaccines not only protect you and your family, but those around you in your community. If you are vaccinated and become ill, it is likely you will be contagious for a much shorter period of time, or perhaps not become sick at all. Likewise, when other people are vaccinated, they are less likely to pass a disease to you.

Children in the U.S. still get vaccine-preventable diseases. Unfortunately, there has been a resurgence of measles and whooping cough (pertussis) in the past few years. However, widespread use of vaccines in the United States has eliminated or nearly eliminated many infectious diseases, such as polio and smallpox, that used to affect thousands of Americans every year.

Some people may not be able to receive certain vaccinations due to severe allergies, weakened immune systems from conditions like leukemia, or other reasons. There may be side effects or risks associated with vaccines so you may want to talk with your doctor or health care provider first.



# — The Vaccines for Children (VFC) Program —

## Recommended Vaccines Protect Against the Following 16 Diseases<sup>1</sup>

- Diphtheria
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (flu)
- Measles
- Meningococcal disease
- Mumps
- Pertussis (whooping cough)
- Pneumococcal disease
- Polio
- Rotavirus
- Rubella (German measles)
- Tetanus (lockjaw)
- Varicella (chickenpox)

<sup>1</sup> Centers for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov)

The Vaccines for Children (VFC) Program offers vaccines at no cost for eligible children through doctors enrolled in the program. This helps to ensure that all children have a better chance of receiving their recommended vaccines on schedule. Check to see if your doctor or local health department participates in the program and if your child qualifies.

## WHO IS ELIGIBLE?

A child is eligible for the VFC Program if he or she is younger than 19 years of age and is one of the following:

- Medicaid-eligible
- American Indian or Alaskan Native
- Uninsured
- Underinsured, meaning a child has health insurance but it:
  - doesn't cover vaccines, or
  - doesn't cover certain vaccines, or
  - covers vaccines but has a fixed dollar limit for vaccines. Once that fixed dollar amount is reached, a child is then eligible.

(1) Michigan law states that beginning January 1, 2014, a parent, guardian, or person in loco parentis of a child entering the seventh grade shall present to school officials, at the time of registration or not later than the first day of school, a certificate of immunization or statement of exemption.

(2) A teacher or principal shall not permit a child to enter or attend school unless a certificate indicating that a minimum of 1 dose of an immunizing agent against each of the diseases specified by the department has been received and certified to by a health professional or local health department.

# Recommended Childhood & Adolescent Immunization Schedule

The schedule below indicates recommended ages for routine administration of currently licensed childhood immunizations, as of January 2015.

For more information or footnote explanation, please contact your child's physician, your county health department or visit [www.cdc.gov/vaccines/schedules/hcp](http://www.cdc.gov/vaccines/schedules/hcp).

Vaccine	Birth	Range of recommended ages for catch-up immunization				Range of recommended ages for certain high-risk groups				Range of recommended ages during which catch-up is encouraged and for certain high-risk groups				Not routinely recommended		
		1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs
Hepatitis B <sup>1</sup> (HepB)	1 <sup>st</sup> dose	←.....2 <sup>nd</sup> dose.....→					←.....3 <sup>rd</sup> dose.....→									
Rotavirus <sup>2</sup> (RV) RV1 (2-dose series); RV5 (3-dose series)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP; <7 yrs)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				←.....4 <sup>th</sup> dose.....→			5 <sup>th</sup> dose					
Tetanus, diphtheria, & acellular pertussis <sup>4</sup> (Tdap; ≥7 yrs)													(Tdap)			
<i>Haemophilus influenzae</i> type b <sup>5</sup> (Hib)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 5			←.....3 <sup>rd</sup> or 4 <sup>th</sup> dose.....→ See footnote 5									
Pneumococcal conjugate <sup>6</sup> (PCV13)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			←.....4 <sup>th</sup> dose.....→									
Pneumococcal polysaccharide <sup>6</sup> (PPSV23)																
Inactivated poliovirus <sup>7</sup> (IPV; <18 yrs)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose		←.....3 <sup>rd</sup> dose.....→						4 <sup>th</sup> dose					
Influenza <sup>8</sup> (IV; LAIV) 2 doses for some: See footnote 8					Annual vaccination (IIV only) 1 or 2 doses					Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only				
Measles, mumps, rubella <sup>9</sup> (MMR)					See footnote 9	←.....1 <sup>st</sup> dose.....→					2 <sup>nd</sup> dose					
Varicella <sup>10</sup> (VAR)						←.....1 <sup>st</sup> dose.....→					2 <sup>nd</sup> dose					
Hepatitis A <sup>11</sup> (HepA)						←.....2-dose series, See footnote 11.....→										
Human papillomavirus <sup>12</sup> (HPV2: females only; HPV4: males and females)													(3-dose series)			
Meningococcal <sup>13</sup> (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)					See footnote 13								1 <sup>st</sup> dose			Booster

This schedule is approved by the Advisory Committee on Immunization Practices, [www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip), the American Academy of Pediatrics, [www.aap.org](http://www.aap.org), the American Academy of Family Physicians, [www.aafp.org](http://www.aafp.org), and the American College of Obstetricians and Gynecologists, [www.acog.org](http://www.acog.org).

# Everyday Germ Prevention



**Avoid close contact with sick people**

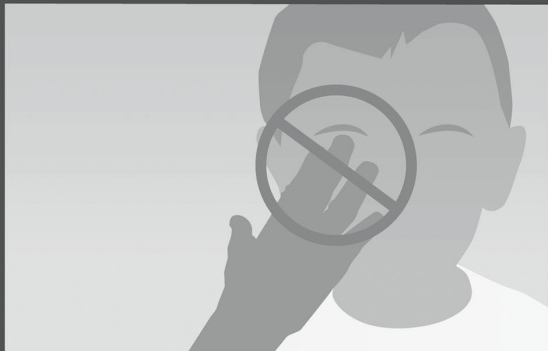


**Wash your hands often  
with soap & water**

**Cover your coughs  
& sneezes**



**Clean & disinfect surfaces**



**Avoid touching your face  
with unwashed hands**

**Stay home when you're sick**



[www.cdc.gov](http://www.cdc.gov)



Original graphic can be found at: [http://phil.cdc.gov/PHIL/Images/18056/18056\\_lores.jpg](http://phil.cdc.gov/PHIL/Images/18056/18056_lores.jpg).  
Modified with permission from the Centers for Disease Control and Prevention (CDC).





## Everyday Germ Prevention

### PRACTICING EVERYDAY GERM PREVENTION AND TEACHING YOUR CHILDREN HOW VIRUSES ARE SPREAD CAN HELP KEEP YOU AND YOUR FAMILY HEALTHY.

There are sensible actions you can take to help prevent contracting or spreading viruses like the flu.

- Cover your nose and mouth with a tissue when you sneeze or cough. Always throw the used tissue in the trash.
- Sneeze or cough into your sleeve, rather than your hand, if you don't have a tissue available.
- Wash your hands often and thoroughly with soap and water. Wash for a minimum of 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Try to avoid close contact with sick people.
- Avoid touching your eyes, nose and mouth. These are common ways for germs to enter your system.
- Disinfect surfaces and objects that are frequently touched or used, such as phones, light switches and doorknobs.
- If you are sick, stay home from work; if your child is sick, keep your child home from school or day care. It is recommended that you stay home for 24 hours after the fever is gone (without the aid of fever-reducing medicine).

### GERM PREVENTION AT SCHOOL AND DAY CARE

- Make sure your child's school or day care routinely cleans frequently touched objects and surfaces.
- Check if the school or day care has good supplies of tissues, soap, paper towels and alcohol-based hand sanitizers.
- Ask how sick students and staff are separated from others and who cares for them until they can go home.
- Teach your child to contact you or another trusted adult if they begin to feel sick.

Handwashing is one of the best ways to prevent the spread of many types of infection and illness. Wash your hands regularly and thoroughly with soap and water. Wash for a minimum of 20 seconds (recite the alphabet while you wash so you know when scrub time is up).

### When Should You Wash Your Hands?

**Before, during, and after preparing food**

**Before eating food**

**Before and after caring for someone who is sick**

**Before and after treating a cut or wound**

**After using the toilet**

**After changing diapers or cleaning up a child who has used the toilet**

**After blowing your nose, coughing, or sneezing**

**After touching an animal, animal feed, or animal waste**

**After touching garbage**

If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of microbes on hands in some situations, but sanitizers do not eliminate all types of germs. *Hand sanitizers may not be as effective when hands are visibly dirty or greasy.*

Adapted from the Centers for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov), "Wash Your Hands".





# Nutrition & Healthy Living

Michigan's Health Care Programs.....	page 27
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Staying Fit as a Family.....	page 31

## ———— Michigan's Health Care Programs ————

**MICHIGAN OFFERS SEVERAL MEDICAL ASSISTANCE PROGRAMS. EACH PROGRAM COVERS DIFFERENT GROUPS OF PEOPLE AND HAS DIFFERENT ELIGIBILITY REQUIREMENTS.**

When you apply for a program, your age, income, financial resources, and other information will be used to determine if you are eligible. You must also meet the financial and non-financial eligibility conditions for that program.

### **Text4baby**

You can text **BABY** to 511411 (or **BEBE** for Spanish) and receive 3 free text messages a week, timed to your due date or your baby's birth date. The messages address topics such as labor signs, prenatal care, immunizations and nutrition.

Visit [www.text4baby.org](http://www.text4baby.org) for more information.

### **Healthy Kids**

This Medicaid health care program is available for low-income children under age 19 and for pregnant women of any age. There is an income limit, but no monthly premium. Check for eligibility and apply online at [www.michigan.gov/mibridges](http://www.michigan.gov/mibridges).

### **MI Child**

The MI Child health care program is available for the low-income, uninsured children (under age 19) of Michigan's working families. This program is for children only and there is an income limit and monthly premium. For more information, call 1-888-988-6300 or visit [www.michigan.gov/michild](http://www.michigan.gov/michild).

### **Under 21**

Medicaid is available to eligible persons under age 21. There is an income limit. Check for eligibility and apply online at [www.michigan.gov/mibridges](http://www.michigan.gov/mibridges).

### **Children's Special Health Care Services (CSHCS)**

This is a program that provides approved medical service coverage to eligible children and adults with special health care needs. For more information, call 1-800-359-3722.

## Feeding Your Child

### Feeding Your Infant

Give your baby breastmilk or formulas throughout the first year of life. Begin introducing solid foods between 6 and 12 months.

#### BREASTFEEDING

Deciding whether or not to breastfeed your baby is a personal choice. Many medical authorities strongly recommend breastfeeding but you and your family's situation is unique, and the decision is ultimately up to you.

Breast milk provides ideal nutrition for infants. It has a nearly perfect mix of vitamins, protein, and fat—everything your baby needs to grow—and contains antibodies that help your baby fight off viruses and bacteria. It is always at the right temperature, it is clean, and it's free. Breastfeeding also lowers your baby's risk of having asthma or allergies. Breastfed babies are more likely to gain the right amount

of weight as they grow rather than becoming overweight children. Freshly pumped breast milk is good for 5 hours at room temperature. Refrigerate breast milk for use within 5 days.

#### ***You should not breastfeed if:***

You are HIV positive (you can pass the HIV virus to your infant through breast milk); you have active, untreated tuberculosis; you are receiving chemotherapy for cancer; or you're using an illegal drug.

**If you are unsure how your medication may affect your baby, consult with your doctor or pharmacist.**

#### CHOOSING A FORMULA

If you decide to feed your baby formula, you can buy powdered, concentrated, or ready-to-use formulas. Most parents start with one made from cow's milk but there are also soy and hypoallergenic formulas.

Make sure you use one that's iron-fortified. By 6 months, your baby should be drinking between 6 and 8 ounces per feeding. Immediately refrigerate opened packages of liquid formula, and use them within 48 hours. Mixed powder formula can be stored for 24 hours in the fridge.

**If formula is left out more than 2 hours, or is left over in a bottle, always throw it out.**

### Feeding Your Toddler

Young children may need to eat 5 or 6 small meals a day to get the proper nutrition they need for growth.

**This is the time to create healthy eating habits with your child. Offer new foods regularly and in different forms. Reintroduce foods they may have at first disliked as they will often learn to like them if they are regularly offered.**

Serve at least 3 meals a day with scheduled snacks in between. Be

aware that children's stomachs are small and, therefore, need portion sizes 1/4 to 1/2 that of an adult (*see page 31 for a guide to portion sizes*).

Always use close supervision when young children are eating because they can easily choke. Do not give children under 3 years of age uncut, round or

hard foods such as raw carrots, grapes, hot dogs, popcorn, cheese sticks, raisins, marshmallows, or nuts.

*If you feel your child is not growing enough or is overweight, check with your doctor first and get their opinion. Together, discuss options for a healthy plan of action.*

## Healthy at Home!

### What You Can Do

#### **Keep Healthy Foods in the Kitchen!**

Keep foods in your house that you want your child to eat and try to have healthy snacks on hand. As you may know yourself, if it's in the house—you're more likely to eat it. When cooking, try implementing herbs to add flavor instead of adding salt. Also, switch from solid fats (such as animal fats, butter, stick margarine, or hydrogenated oils) to healthier oils (such as canola, corn, olive or vegetable oils) when preparing food.

#### **Cut Down on the Sodas and Sugary Drinks!**

There are about 10 packets of sugar in one 12-ounce can of soda. 10 packets! Look for naturally flavored water drinks without added sugar and 100% fruit juice.

#### **Be Active Together!**

Physical activity is a great way to feel better about yourself. When you exercise, your body releases chemicals called endorphins which trigger a positive feeling in your body. Being active can help you sleep better, boost self-esteem, and reduce depression, anxiety and stress. This works for kids too! Commit to including a fun and physical activity with your child each day.

### Make A New House Rule

**No sitting still during TV commercials!**

#### **Lead an Active Lifestyle!**

Both adults and children need moderate to vigorous activity each day, but it doesn't need to happen all at once! It can add up throughout your day. Give your kids toys that encourage physical activity such as jump ropes, balls, and flying discs.

## Healthy at School!

Eating nutritious foods and being active throughout the school day keeps kids healthy and their growing bodies strong.

This may also help to increase concentration and focus as well as improve classroom behavior.

### What You Can Do

- Encourage your kids to find a physical activity they like, such as a school sport or an active game at recess.
- Volunteer to help with after-school physical activity programs or sports teams.
- Encourage your kids' school to hold recess before lunch to increase physical activity before they eat.
- Let your kids help make their lunch. You can supervise what goes in, but they'll be more apt to eat what they've helped to make!

**LUNCH MENU**

		1	2	3	4
5	6				
11	12				
17	18				
23	24				

**Find out how to get a menu each week from your child's school.**

**With your child, choose which meals they will buy at school and which lunches to pack together at home!**

## Nutritional Guidelines

There are countless tasty ways to improve your family's eating habits. Below are some easy tips to keep in mind when shopping for groceries, packing your kid's lunch, and deciding what meals to cook.

### ***Eat Your Colors!***

Varying the colors of the vegetables served increases the vitamins and minerals you get, and keeps kids interested. Orange sweet potatoes, bright green celery and red cherry tomatoes are great examples of fun foods to eat.

### ***Look for Whole Grains.***

Whole-grain versions of cereal, breads and crackers are good for your heart and digestion and can help to maintain a healthy weight. Choose foods labeled "100% whole wheat" or "100% whole grains." Also check the ingredient list to see if the word "whole" is before the first ingredient such as "whole-wheat flour." If so, the product contains whole grain.

### ***Vary Your Proteins.***

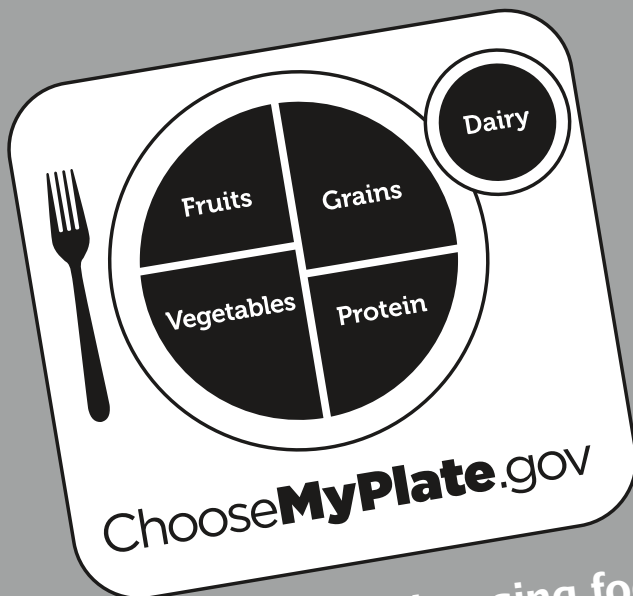
Experiment with the vast variety of beans and all the ways they can be prepared. Other good sources of protein are fish, peas, lean meats, poultry and soy products.

### ***Fruit Makes a Great Dessert!***

The same as with vegetables, consuming a variety of fruits ensures you will get more nutrients. Fresh, canned, or frozen fruits are all great options, but look for those without any added sugars.

### ***Dairy Products Help Keep You Strong.***

Children of every age, and the adults who care for them, need the calcium, protein and vitamin D needed for strong bones, teeth, and muscles. Consider low-fat options from this good group such as fat-free or low-fat milk, calcium-fortified soy, almond, and rice beverages, yogurt and cheese.



**MyPlate**  
represents the  
five food groups that  
are the building blocks for  
a healthy diet using a familiar  
image – a place setting  
for a meal.

**It's never too late  
to start eating  
healthier!**

Plan your meals by choosing foods from the five main food groups:

**1** fruits, **2** vegetables, **3** grains, **4** proteins, and **5** dairy.

## Staying Fit as a Family

### MICHIGAN IS A GREAT PLACE TO BE ACTIVE ALL YEAR!



Make your “family time” active time together.

Make use of the skate parks, biking and hiking trails, and playgrounds in your area.

Easy ways to get some exercise can be as simple as cleaning up the yard, walking your child to school, parking farther away from entrances or climbing the stairs instead of using elevators.

### More easy and fun ways to get exercise:

- playing catch with balls or flying discs
- using a clothes line for volleyball or badminton games
- taking a family walk after dinner
- hosting a family “mini Olympics” and create fun categories of physical activities
- renting or purchasing exercise videos for kids; you can also look online for free videos to watch

### Childhood Obesity

Overweight kids are at risk for developing medical problems that affect their present and future health and, possibly, quality of life. Common health problems are:

- high blood pressure, high cholesterol and abnormal blood lipid levels, and type 2 diabetes
- shortness of breath making physical activity more difficult and possibly aggravating the symptoms or increasing the chances of developing asthma
- sleep disorders such as obstructive sleep apnea
- liver and gall bladder disease
- depression

*If you have any concerns, contact your child's health care provider.*

## Guide to Serving Sizes



2 tablespoons  
of peanut butter



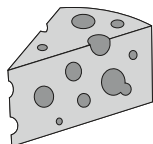
golf ball



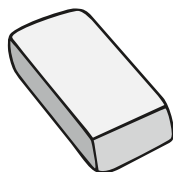
1 ounce of bread



CD/DVD case



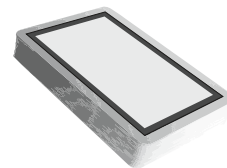
1 ounce of cheese



pencil eraser



3 ounces of meat



deck of cards

The guide above offers some visual clues to help you and your kids learn proper portions.



# **Your Child's Safety**





# Home Safety Tips

**Preventable injuries are the #1 cause of death of children in the United States. More than 2,400 kids die at home from unintentional injuries. Three million more children require care in an emergency room.<sup>1</sup>**

**THE GOOD NEWS IS PREVENTABLE INJURIES CAN BE AVOIDED WITH THE RIGHT EDUCATION, AWARENESS AND PLANNING. BELOW ARE SOME TIPS FOR MAKING YOUR HOME SAFER.**

## **BURNS**

- Check your water heater's thermostat and set to 120 degrees Fahrenheit or the manufacturer's recommended setting to help prevent the water from getting too hot out of the tap.
- Don't hold a child while cooking at the stove.
- Never leave food unattended on the stove. Keep all handles of pots and pans turned away from the edge so they can't be bumped or reached by children.
- Avoid buying lighters that look like toys, and keep all matches and lighters well out of children's reach.
- Install and regularly check the smoke detectors in your home. Replace batteries twice a year.
- Have a family fire escape plan and be sure everyone knows various ways to get out of your home and where to meet up in the event of a fire.

## **DROWNINGS**

- Babies can drown in only an inch of water. Always be alert and provide undistracted supervision when young children are in or near bathtubs, swimming pools, and while at the beach.
- Immediately empty all containers, buckets, and wading or inflatable pools after use.
- Immediately empty the bathtub after use. Keep all toilet seats closed. Toilet seat locks can also be used to keep the lid safely shut.

## **FALLS**

- Window screens will not prevent a child from falling out. Properly install window guards to prevent falls (for windows above the first floor, include an emergency release device that adults and older children can easily operate in case of fire or emergency) or install window stops that keep windows from opening more than four inches.
- Keep furniture and cribs away from windows to prevent children from climbing near them.

**Never move a child who appears to be seriously injured after a fall – Call 9-1-1 and let trained medical personnel determine if there are injuries prior to moving the child.**

<sup>1</sup> SafeKids Worldwide, [www.safekids.org](http://www.safekids.org).



## Home Safety Tips

### FALLS (continued)

- Keep babies and young kids strapped in when using high chairs, infant carriers, swings and strollers. If your baby is in a carrier, remember to place it on the floor, not on top of a table or other furniture.
- Because baby walkers don't have safety features that prevent them from rolling down stairs and they may allow your baby to reach higher objects, try using a stationary activity center instead. *Look for one that is on a stable, non-moveable base and place it away from stairs, hot appliances or window cords.*

### POISONINGS

Young children are often at eye level with items commonly kept under kitchen and bathroom sinks. Consider using safety locks on cabinets or storing all poisonous and hazardous products out of children's sight and reach.

**Some common household products to keep safely locked away from children:**

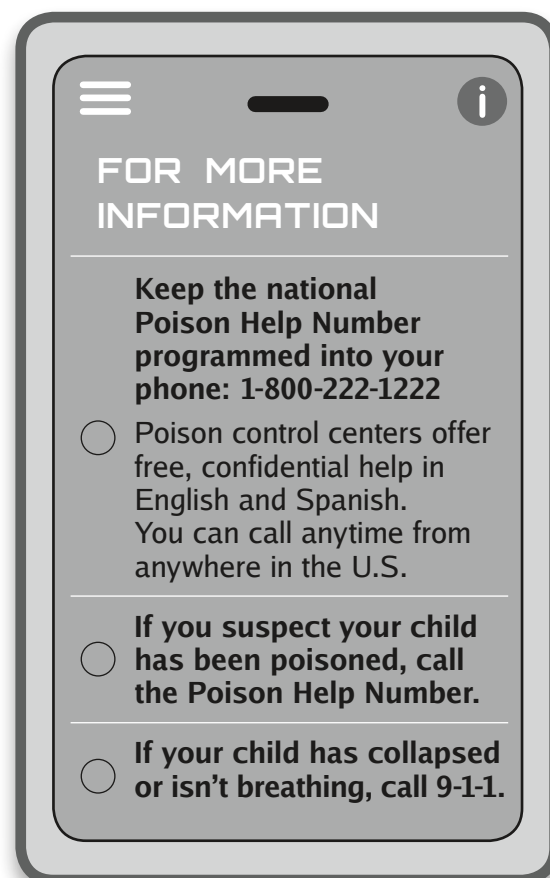
- single-load laundry and dishwasher packets/pods
- cleaning supplies and pesticides
- make-up and personal care products
- art supplies
- plants and flowers
- button (or coin) batteries and items that contain these batteries (see Battery Safety tips on page 36.)
- ALL medications including vitamins

### MEDICATION SAFETY

- An estimated 53,000 children under the age of 5 years are brought to emergency rooms each year due to unsupervised ingestion of medicines.<sup>2</sup> Many times incidents happen when adults are distracted for just a moment, for example when the phone or doorbell rings. If distracted, take the medication with you or put it away, out of the reach of your child.
- Remember, "child-resistant" does not mean "child-proof." Always re-cap medicines and vitamins and store in a place where children can't reach—even in between doses.
- Do not use cough and cold products with children under 4 years old unless specifically told to do so by a physician.

### MEDICATION SAFETY (continued)

- Do not give children medicine that is packaged for adults unless specifically told to do so by a physician.
- If your child is prescribed an antibiotic, make sure they take all the medicine prescribed, even if they begin to feel better. Do not save the antibiotic medicine "for later."
- Use only the measuring device that is included with the medicine. A kitchen teaspoon or tablespoon is not a good measuring device for giving medicines to children. If a measuring device is not included with the product, check with your pharmacy.



<sup>2</sup> Centers for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov).

## Home Safety Tips

### TV & FURNITURE TIP-OVERS

- TVs and appliances can be unstable. They can tip over if pulled on or climbed upon by children. Serious injuries, suffocation and death can occur when a child is crushed by or becomes pinned beneath a heavy piece of furniture. Injuries from TV and furniture tip-overs have been rising for over a decade.

- Secure TVs in your home:



Mount flat-screen TVs to the wall by following the manufacturer's instructions. This will avoid them toppling off stands or other furniture.



Place older-style cathode ray tube (CRT) TVs on low, stable pieces of furniture. Push the TV back as far as possible from the edge.

- Secure furniture such as dressers, bookcases, TV stands and entertainment units to a wall stud with braces, brackets, anchors or wall straps.
- Install safety stops on dresser drawers to prevent them from being pulled all the way out. Children may pull out multiple drawers to climb up which can cause the weight to shift, making the dresser easier to fall over.
- Keep remote controls, toys, food and other items that might attract children off of TVs and other furniture.
- Keep electrical cords out of reach of children and teach them not to play with the cords.
- Rearrange items in your home so that heavier items are on lower shelves or in lower drawers.
- Consider using safety outlet plugs throughout your home to prevent children from putting objects or their fingers into electrical outlets.

### CHOKING

- Infants and young children can easily choke on some foods and small toys and household objects. You may want to get on your hands and knees and observe your home from your child's perspective. Look for and remove small items such as buttons, beads, jewelry, pins, nails, marbles, coins, stones and tacks.
- Cut food for toddlers into tiny pieces. Children under 5 years of age should not eat small, round or hard foods, including pieces of hot dogs, cheese sticks or chunks, hard candy, nuts, grapes, marshmallows, or popcorn.
- Magnets can be especially dangerous if swallowed. Inspect toys and games that may include small magnets, including adult desk toys and refrigerator magnets.

**SEEK MEDICAL ATTENTION  
IMMEDIATELY IF YOU SUSPECT  
MAGNETS MAY HAVE BEEN  
SWALLOWED!**

### STRANGULATION

- Keep cords and strings, including those attached to window blinds, out of your child's reach. Move all cribs, beds, furniture, and toys away from windows and window cords.
- Don't tie strings or ribbons to pacifiers or toys and remove bibs, necklaces, purses, scarves, or clothing with drawstrings when children are playing or sleeping.



## Home Safety Tips

### BATTERY SAFETY



Each year in the United States, more than 2,800 kids are treated in emergency rooms after swallowing coin-sized lithium or “button” batteries. *That’s one child every three hours.* The number of serious injuries or deaths as a result of button batteries has increased ninefold in the last decade.<sup>1</sup>

#### THE NATIONAL BATTERY INGESTION HOTLINE:

**1-202-625-3333**

**Keep button battery-controlled devices out of sight and reach of small children.**

Consider placing a piece of tape over the controller to prevent children from accessing the battery.

**Search your home for items that contain button batteries.**

These include remote controls, singing greeting cards, digital scales, watches, hearing aids, thermometers, children’s toys, calculators, key fobs, flameless candles, flashing holiday jewelry or decorations.

**If you suspect your child has ingested a battery, go to the hospital immediately.**

Don’t induce vomiting or have your child eat or drink anything until assessed by a medical professional.

---

### The Facts About Button Batteries

- When a child swallows a button battery, the saliva triggers an electrical current. This causes a chemical reaction that can severely burn the esophagus in as little as two hours.
- It may not be obvious at first that there is something wrong, since kids can still breathe and act normally after ingesting a battery. Some symptoms include coughing, drooling and discomfort, or flu and cold-like symptoms.
- Repairing the damage from battery ingestion is painful and often involves multiple surgeries. Even after a battery is removed, kids can experience terrible side effects to their vocal chords and windpipe.

<sup>1</sup> “Battery Safety Tips”, SafeKids Worldwide, [www.safekids.org](http://www.safekids.org).

## Gun Safety in a Home Environment

Guns are in more than a third of U.S. homes. Chances are that even if you don't own a gun at home, you know someone who does. This means gun safety is vital to improve your child's safety at home or in someone else's home.

**CHILDREN LESS THAN THREE YEARS OLD ARE ABLE TO HOLD A GUN AND PULL THE TRIGGER.**

If your child sees a gun or someone they know has a gun, teach them to:

- Stop what they are doing;
- Don't touch the gun;
- Leave the area where the gun is;
- Tell an adult right away.

### *A Message from the Michigan State Police*

Firearm ownership carries with it a responsibility of safeguarding the welfare of others and yourself when handling firearms.

Accident prevention is the user's responsibility.

You may be criminally and civilly liable for any harm caused by a person less than 18 years of age who lawfully gains unsupervised access to your firearm if unlawfully stored.

As such, a trigger lock, gun case or other device designed to prevent unauthorized access to a firearm is strongly recommended.



**GUN  
SAFETY  
FIRST  
ZONE**

**Project ChildSafe** is a nationwide program that promotes safe storage of firearms in the home. The program raises awareness about firearm safety by distributing free gun locks and educational material to gun owners. The Community Service Trooper at your local police post can help you get a free kit that includes a cable-style gun-locking device and a brochure that discusses safe handling and storage of firearms.

For more information about this program visit [www.projectchildsafe.org](http://www.projectchildsafe.org).

### **AS A PARENT OR GUARDIAN, YOU CAN HELP PROTECT YOUR CHILD BY PRACTICING THESE GUN SAFETY TIPS.**

- A firearm should always be unloaded when not in use and the ammunition stored separately from the firearm.
- Both the ammunition and the firearm should be **locked** in a safe place out of the reach of children – hidden guns may be found.
- Store the key(s) for the ammunition and gun in a different area from where you store household keys. Keep the keys out of the reach of children. Some gun case models have digital locking and unlocking mechanisms.
- Lock away gun-cleaning supplies (these are often poisonous).
- Never leave the gun unattended.





## Car Safety for Children

Car Seat Basics .....	page 39
Michigan Child Passenger Safety Laws .....	page 40
Never Leave a Child Alone in a Car .....	page 41

### Car Seat Basics

**ALL CHILDREN UNDER THE AGE OF 13 NEED TO BE RESTRAINED IN THE BACK SEAT OF VEHICLES.**

Car seats should not be purchased at garage sales or second-hand stores since the history of the seat is unknown. Never use car seats that have been in a crash, are damaged or are missing parts, or have been recalled.

#### Children With Special Health Care Needs

If you have a child with special health care needs, you may need a restraint system that can meet their safety and positioning requirements. Often, a conventional child safety seat will be adequate but, other times, an adaptive or specialized restraint will be necessary.

You can contact the **National Center for the Safe Transportation of Children with Special Healthcare Needs** at 1-800-755-0912 or visit [www.preventinjury.org/Special-Needs-Transportation](http://www.preventinjury.org/Special-Needs-Transportation).

1

#### Rear-Facing Car Seat

Babies and toddlers should ride in a rear-facing car seat, installed in the back seat, until age 2 or until they reach the highest weight or height limit of the car seat.



2

#### Forward-Facing Car Seat

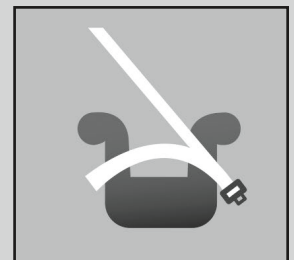
Next, children should ride in a forward-facing car seat with a harness, installed in the back seat, until they reach the highest weight or height limit of the car seat.



3

#### Booster Seat

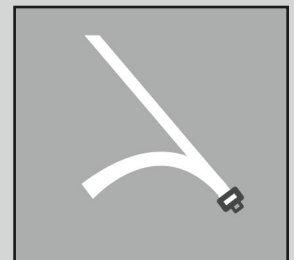
Next, children should use a booster seat, installed in the back seat, until the child reaches 4'9" tall, typically at 8-12 years old. *Booster seats must be used with both a lap and shoulder belt.*



4

#### Seat Belt

A child is ready for an adult seat belt when the lap belt lies snugly across the upper thighs, not the stomach. The shoulder belt should lie snugly across the shoulder and chest, not the neck or face.



# — Michigan Child Passenger Safety Laws —

## BELOW ARE SOME COMMON CAR SEAT MISTAKES AND HOW TO AVOID THEM.

### *The Harness Straps Are Not Tight Enough.*

Harness straps should fit snug to the child's body and should pass the "pinch test" – that is, you should not be able to pinch any excess strap material.

### *The Car Seat Isn't Installed Tight Enough.*

Car seats, whether installed with the seat belt or LATCH system, should not move more than one inch from side to side when tested at the point where the car seat attaches to the vehicle.

### *Moving Children to the Next Step Too Soon.*

Children should stay in their car seats until they outgrow the height or weight limit of the seat before moving to the next step.

### *The Chest Clip is Too Low.*

The chest clip should be secured at the child's armpits to ensure straps remain in the correct position.

### *Putting Kids in the Front Seat Too Early.*

Children should ride in the back seat of the vehicle until they reach 13 years old. The force of an air bag may be too intense for children under the age of 13.

## Michigan Child Passenger Safety Laws

- Michigan law requires all children younger than age 4 to ride in a car seat in the rear seat, if the vehicle has a rear seat. However:
  - If all back seats are occupied by children under age 4, then a child under 4 may ride in a car seat in the front seat.
  - A child in a rear-facing seat may only ride in the front seat if the air bag is turned off.
- Children must be properly buckled in a car seat or booster seat until they are 8 years old or 4'9" tall.
- All passengers under 16 years old must use a seat belt in any seating position. All front seat occupants must use a seat belt regardless of age.
- Children should never ride on a lap, in a portable crib, or in any other device not approved for use in the vehicle.



FOR MORE  
INFORMATION

**BE SURE YOUR CAR SEAT  
IS PROPERLY INSTALLED!**



Find an inspection station or safety event  
near you by visiting:

[www.nhtsa.org](http://www.nhtsa.org)

[www.SafeKids.org](http://www.SafeKids.org)



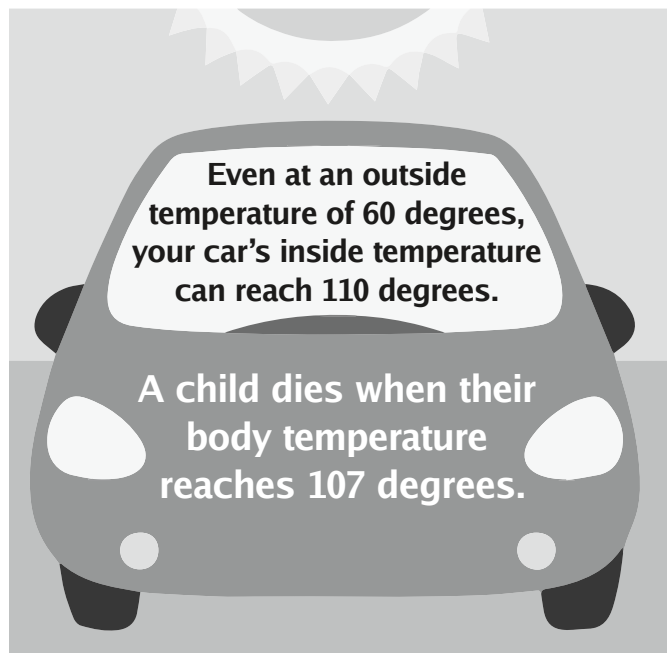
## ———— Never Leave a Child Alone in a Car ————

### STATE LAW IN MICHIGAN DEEMS IT ILLEGAL TO LEAVE A CHILD (UNDER THE AGE OF 6) UNATTENDED IN A VEHICLE.

Children's bodies overheat easily—three to five times faster than an adult's body. Infants and children under 3 years old are at the greatest risk for heat-related illness. Child heatstroke in cars can lead to severe injury and death.

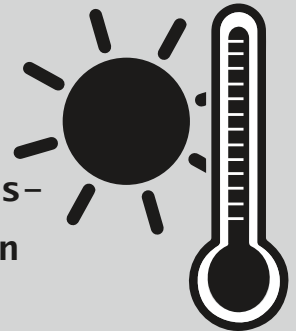
- A review of child heatstroke cases since 1998 by the National Highway Traffic Safety Administration (NHTSA) showed that 52% of fatalities occurred in vehicles where the child was forgotten by the parent or caregiver.
- Heatstroke can occur on cloudy days and in temperatures as low as 57 degrees.
- Opening car windows will not prevent heatstroke.
- If you see a child alone in a vehicle, and he or she seems sick or is unresponsive, get them out as quickly as possible or call 9-1-1.

**Signs of heatstroke include:** red, hot, and moist or dry skin; no sweating; strong, rapid pulse or a slow, weak pulse; nausea; confusion or strange behavior



Statistics from [www.Safecar.gov](http://www.Safecar.gov), a division of the National Highway Traffic Safety Administration.

**NEVER** leave an infant or child in a vehicle –  
Not for a few minutes –  
Not even if you open the windows!



**where's  baby?**  
Look before you lock.

### Below are some prevention tips to help keep kids safe in and around vehicles

- Get in the habit of always opening the back door of your vehicle once you arrive at your destination. This “look before you lock” behavior will help you determine if there are children still in the car.
- Never leave children alone in or around cars – even for a moment.
- Put an item you always carry (cell phone, laptop, brief case, etc.) in the backseat to help ensure you will look in the back before leaving the car.
- Make arrangements with your child's day care center or provider that you will always call if your child will not be there on a scheduled day.
- Keep vehicles locked at all times – even in the garage or driveway, to help ensure children will not get in the vehicle or trunk on their own.
- Keys and remote openers should not be left in reach of children.





## Additional Safety Topics

<b>Sports Safety</b> .....	<b>page 43</b>
<b>Internet Safety</b> .....	<b>page 44</b>
<b>Toy Safety &amp; Recalls</b> .....	<b>page 45</b>

### Sports Safety

**FOR PARENTS, GUARDIANS AND COACHES, THERE ARE SIMPLE THINGS THAT CAN HELP REDUCE PREVENTABLE INJURIES.**

It's important to remember that children's bones, muscles, tendons, and ligaments are still growing. This makes them more susceptible to injury. When compared to adults, kids have a lower sweating capacity and produce more metabolic heat per unit of mass during physical activities. This puts kids at an increased risk of heat illness.

**1 PREPARTICIPATION PHYSICAL EXAM**  
Before playing any organized sports, be sure your child receives a preparticipation physical exam (PPE). This is comprised of relating your child's past medical history, family medical history, sports-related history, and a physical exam given by a health care provider.

**2 KNOW THE SIGNS AND SYMPTOMS OF CONCUSSIONS**  
**Most concussions occur without loss of consciousness.** A player with a suspected concussion must be immediately sidelined until evaluated and released by a medical professional. It's important to protect players who have had a concussion from getting another one.

*Learn the signs and symptoms of concussions:*  
[www.safekids.org/ConcussionGuideForParents.pdf](http://www.safekids.org/ConcussionGuideForParents.pdf)

**3 REMEMBER TO HYDRATE**  
Learn the symptoms of dehydration. Always have water available and encourage children to drink water before, during and after physical activity.

**4 PLAY IT SAFE AND BE INVOLVED**  
Set aside time before every practice and game for a proper warm-up session. Stretching before physical activity can help prevent sports-related injuries such as sprains.

- Make rest periods a priority for all players and encourage them to communicate any pain, injury or illness they may have. It is recommended that young athletes have at least one to two days off per week from any particular sport, as well as an "off-season" where they get 10 consecutive weeks of rest each year from any one sport.
- It is a good idea for coaches to be certified in first aid and CPR.
- Parents and guardians should share contact information, and any medical conditions or history of asthma with the coach before the first practice.
- Verify that an Automated External Defibrillator (AED) is on site and available for all practices and games.

## Internet Safety

### It's Never Too Early to Learn the Basics of Internet Safety

The Internet has drastically enhanced the way kids interact with others. Children can access information from all over the world, search for in-depth knowledge and use online tools to express their creativity.

Parents and guardians need to be aware of the potential risks such as **cyberbullying**, **exposure to inappropriate material**, **revealing too much personal information** and **online predators**.

For more information visit [www.NetSmartz.org](http://www.NetSmartz.org) or [OnGuardOnline.gov](http://OnGuardOnline.gov).



### BASIC TIPS

- Keep the computer in a high-traffic area of your home.
- Make sure young children understand what their personal information is and that they should not share it online (name, phone number, home address, passwords, name of their school, photos of themselves, private thoughts and feelings).
- Establish limits for which online sites children may visit and for how long.
- Remember that Internet technology can be mobile, so make sure to monitor cell phones, gaming devices, and laptops.
- Surf the Internet with your children and let them show you what they like to do online and which websites are their favorites.
- Know who is connecting with your children online and set rules for social networking, instant messaging, e-mailing, online gaming, and using webcams. Periodically review the privacy settings on their social networking accounts.
- Continually talk with your children about online safety.

### DISCUSSION STARTERS

#### For Internet beginners

- What are your favorite things to do online?
- What is personal information? Why should you keep it private?
- What would you do if anyone online asked to meet you face to face?
- Besides me, who do you feel that you can talk to if you are in a scary or uncomfortable situation?

#### For older children

- Can I take a look at what you have been posting online?
- Does anyone else have access to your passwords?
- What could someone learn about you from what you post online? How might they use this information?
- Have you ever regretted anything you posted online?

Adapted from "Basic Internet Safety,"  
National Center for Missing & Exploited Children.

## Toy Safety & Recalls

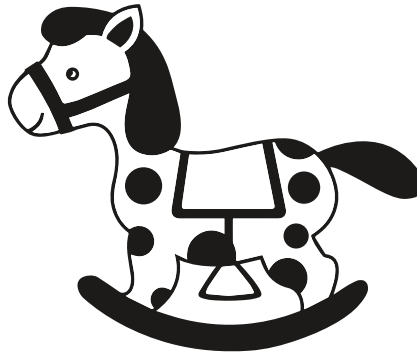
**OVER 150,000 KIDS, AGE 12 OR YOUNGER, ARE TREATED EACH YEAR IN AN EMERGENCY ROOM FOR A TOY-RELATED INJURY.**

**TOY-RELATED RECALLS DO NOT EXPIRE, AND MONTHLY UPDATES CAN BE FOUND ONLINE.**

**Consider these tips for your kids and their toys:**

### **LOOK FOR AGE-APPROPRIATE TOYS.**

It's worth the time to read the instructions and warning labels on games and toys to help determine if they are appropriate for your child. When purchasing a new toy, be sure to review the manufacturer's age recommendation. Look for any small parts or potential choking hazards.



### **REQUIRE SAFETY EQUIPMENT FOR RIDING TOYS.**

If your child has their heart set on a new bike, skateboard, scooter or other riding equipment, be sure to include a helmet and other safety pads to help protect them if they fall or are in a collision.

### **BE AWARE OF PRODUCT RECALLS.**

There are ways to check if toys or products have been recalled or have consumer concerns. To view a monthly list of child-related recalls collected from the major federal agencies, visit the websites listed below.

### **STORE TOYS SEPARATELY FOR DIFFERENT AGE GROUPS.**

If you have children of different ages, store toys separately after play time is over. Keep different bins or containers for each child's toys and explain to older children why their toys could be dangerous to their younger siblings. You may want to consider one bin that has toys that everyone can play with together.

### **LOOK CLOSELY AT "HAND-ME-DOWN" TOYS.**

Take a moment to examine all used toys for wear, and loose or sharp parts or edges. It is hard to know if older or used toys meet current safety standards. Check the toy with the Consumer Product Safety Commission for known defects.

**ALWAYS USE YOUR JUDGMENT BEFORE DECIDING ON A NEW TOY.**

### **Product Recall Websites**

Consumer Product Safety Commission,  
[www.cpsc.gov](http://www.cpsc.gov)

Food and Drug Administration,  
[www.fda.gov](http://www.fda.gov)

National Highway Traffic Safety Administration, [www.nhtsa.gov](http://www.nhtsa.gov)

### **Sign Up to Receive Recall E-Mail Alerts**

[www.cpsc.gov/en/Newsroom/Subscribe](http://www.cpsc.gov/en/Newsroom/Subscribe)

[www.fda.gov/ForConsumers/ConsumerUpdates](http://www.fda.gov/ForConsumers/ConsumerUpdates)

[www.safekids.org/recallnews](http://www.safekids.org/recallnews)





# Family Emergency Planning

Emergencies can occur at any time with or without warning. Make sure your family is prepared. Every person needs to know what to do, how to communicate with each other and where to go.

## Escape Routes & Family Meeting Places

Escape routes and family meeting places are important aspects of any emergency planning. In the event of a disaster or an emergency at home, all family members need to know how to get out safely and where to go to meet up with each other.

Escape routes should be determined for every room in your home and practiced regularly.

Practice what to do in case you are separated during an emergency.

### CHOOSE TWO PLACES TO MEET

1. Right outside your home in case of an emergency, such as a fire
2. Outside your neighborhood, in case you can't return home or need to evacuate

*Make sure your family understands in which types of situations this applies and that all members know how to get to these locations.*

### — TRY THIS! —

Draw an outline of your home with each room on a separate piece of paper. Discuss with your family at least two different escape routes from your home. Post a copy at eye level in each room for quick reference.

## Family Communication Plan

Because your family may not be together when an emergency occurs, it's important to have a family communication plan. Be sure each family member knows the steps to take to communicate with each other. *Each year, review your family's meeting places, communication plan, and contact numbers.*

**REMEMBER:** *Unless you are in immediate danger, send a text. Texts often have an easier time getting through during emergencies, and you won't be using phone lines needed by emergency responders (like 9-1-1).*

ASK YOUR CHILD'S SCHOOL OR CARE PROVIDER

- ☐ How do they communicate with families during a crisis?
- ☐ Do they store adequate food, water and other basic supplies?
- ☐ Are they equipped and prepared to "shelter in place" or, if they do need to move, where do they go?

## Family Emergency Kit

A FAMILY EMERGENCY KIT CONTAINS FOOD AND SUPPLIES YOUR FAMILY MAY NEED IN THE EVENT OF DANGEROUS WEATHER OR EXTENDED PERIODS WITHOUT POWER OR UTILITIES.

### – TIP –

Have a full emergency kit at home, and keep smaller kits at work, in your car and other places you spend time.



Learn how to shut off the utilities properly in your home. This may help prevent gas explosions, fires, and unsafe water in your home during or after a disaster. Contact a licensed electrician and/or your utility company if you need assistance.

Consider tagging or marking shut-off valves and circuit breakers for easy identification.

**For your safety: DO NOT attempt utility shut-off without knowing the proper steps.**

### Basic Emergency Kit Items

Store items in a sturdy, waterproof container. Every family member should know where the emergency kit is located and know how to use the items, as age appropriate.

**BE SURE TO CHECK YOUR KIT REGULARLY AND RESTOCK WITH FRESH SUPPLIES TWICE A YEAR.**

- ☐ Water (*one gallon per person, per day*)
- ☐ Non-perishable food (*canned fruits, vegetables, meats, peanut butter*)
- ☐ Can opener (*hand-crank type*)
- ☐ Portable radio (*and/or NOAA weather radio*)
- ☐ Flashlights (*include extra batteries*)
- ☐ Matches and lighters
- ☐ First aid kit (*with fresh supplies*)
- ☐ Blankets and/or sleeping bags
- ☐ Hats, gloves, coats, and other clothing (*be sure to update as your child grows*)
- ☐ Hand and feet warmers
- ☐ Personal family documents (*copies of insurance cards, birth certificates, marriage license, etc.*)
- ☐ Cash and coins
- ☐ Unique items (*7-day supply of medications, eye glasses, hearing aid batteries, etc.*)
- ☐ Small tools (*hammer, wrench, pliers, hand saw, shovel*)
- ☐ Helmet(s) and reflective clothing
- ☐ Rubber boots (or boots that go above the ankle) to help avoid foot injuries due to broken glass and other debris
- ☐ GPS locator and/or compass and maps
- ☐ Small fire extinguisher



#### FOR MORE INFORMATION

The following sources offer guidance and advice on different types of emergencies, their appropriate responses, and how to stay informed:

- ☐ [ready.gov/michigan](http://ready.gov/michigan)
- ☐ [fema.gov](http://fema.gov) (*connect with your mobile device at <http://m.fema.gov>*)





## Family Emergency Card

My family's emergency meeting place near home is: \_\_\_\_\_

My family's emergency meeting place away from our neighborhood is: \_\_\_\_\_

In case of an emergency, my family members' phone numbers are:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

In case of an emergency, out-of-town family/friends to make contact with:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Family Emergency Card

My family's emergency meeting place near home is: \_\_\_\_\_

My family's emergency meeting place away from our neighborhood is: \_\_\_\_\_

In case of an emergency, my family members' phone numbers are:

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#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

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Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_





# Keeping Your Child Safe Away From Home

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## What Constitutes Abuse

**CHILD ABUSE OR NEGLECT COULD BE AGAINST YOUR CHILD OR ANOTHER. WHETHER THE MALTREATMENT IS PHYSICAL, MENTAL OR SEXUAL IN NATURE, THERE IS HELP AVAILABLE TO DETERMINE WHAT STEPS TO TAKE.**

The Michigan Department of Health and Human Services (MDHHS) offers a wide range of services for families. This includes child protection services, shelter, food and other resources necessary to help you keep your child safe.

***If you suspect child abuse or neglect, a report must meet the following three criteria in order to be assigned for further investigation:***

1. Alleged victim must be under the age of 18;
2. Alleged perpetrator is a parent, legal guardian, or other person responsible for the child's health and welfare, like a day care provider;
3. Allegations must minimally meet the child abuse and neglect definitions in the Child Protection Law. See page 59 for how to search online for this law.

### THE LAW HAS SPECIFIC DEFINITIONS OF CHILD ABUSE AND NEGLECT.

**Child abuse** means harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, teacher's aide, or a member of the clergy.

**Child neglect** means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare which occurs through either of the following:

- Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
- Placing a child at an unreasonable risk in relation to the child's health or welfare by failure of the parent, legal guardian, or any other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

If you suspect child abuse or neglect you can make a report by calling toll-free 1-855-444-3911 anytime day or night. For more information visit [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs).



## Mandated Reporters of Suspected Abuse or Neglect

The Michigan Child Protection Law requires certain professionals to report their suspicions of child abuse or neglect to Children's Protective Services (CPS). These people are mandated reporters and have established relationships with children based on their profession.

- Physicians
- Licensed emergency medical care providers
- Licensed master social workers
- School counselors
- Dentists
- Audiologists
- Licensed bachelor's social workers
- Teachers
- Physician's assistants
- Psychologists
- Registered social service technicians
- Law enforcement officers
- Registered dental hygienists
- Marriage and family therapists
- Social service technicians
- Members of the clergy
- Medical examiners
- Licensed professional counselors
- Persons employed in a professional capacity in any office of the Friend of the Court
- Regulated child care providers
- Nurses
- Social workers
- School administrators
- Employees of an organization or entity that, as a result of federal funding statutes, regulations, or contracts, would be prohibited from reporting in the absence of a state mandate or court order (example: domestic violence provider)

The Michigan Bureau of Child and Adult Licensing serves as the contact source for licensing information for child care facilities, child caring institutions, children's foster care homes, child placing agencies, juvenile court operated facilities and children or adult foster care camps.

For application requests and licensee inquiries call toll-free: 1-866-685-0006.

### Bureau of Children and Adult Licensing Field Offices

#### DETROIT

Cadillac Place  
3026 W. Grand Blvd.  
Suite 11-350  
Detroit, MI 48202  
General: (313) 456-0380

#### FLINT

4809 Clio Rd.  
Flint, MI 48504  
General: (810) 787-7031

#### GRAND RAPIDS

350 Ottawa NW, Unit #13  
Grand Rapids, MI 49503  
General: (616) 356-0100

#### KALAMAZOO

322 East Stockbridge Ave.  
Kalamazoo, MI 49001  
General: (269) 337-5066

#### LANSING

5303 S. Cedar St.  
P.O. Box 30321  
Lansing, MI 48909  
General: (517) 284-9720

#### MARQUETTE

234 West Baraga  
Marquette, MI 49855  
General: (906) 226-4171

#### PONTIAC

51111 Woodward Ave.  
Suite 4B  
Pontiac, MI 48342  
General: (248) 975-5053

#### SAGINAW

411 E. Genesee  
PO Box 5070  
Saginaw, MI 48605  
General: (989) 758-2717

#### TRAVERSE CITY

701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
General: (231) 922-5309



## —— In Case of a Lost or Kidnapped Child ——

THE U.S. OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION HAS SEVERAL SUGGESTIONS FOR PARENTS AND GUARDIANS WHO DISCOVER THEIR CHILD IS MISSING.

**1.** Immediately report your child as missing to your local law enforcement agency. Ask investigators to enter your child into the National Crime Information Center (NCIC) Missing Persons File. *There is no waiting period for children under age 18.*

**2.** Limit access to your home until law enforcement arrives and has collected possible evidence. Do not touch or remove anything from your child's room or your home; there may be clues to your child's whereabouts.

**3.** Write a detailed description of the clothing worn by your child and the personal items they had at the time of the disappearance. Also include a physical description of your child and any personal identifying characteristics such as scars, birthmarks, tattoos, or mannerisms. Provide a clear and recent photo of your child and any ID or fingerprint cards you may have.

**The first 48 hours following the disappearance of a child are the most critical for finding and returning the child home safely.**

The **Michigan State Police** lists several programs that assist families and law enforcement when investigating incidents of child abduction, such as helping to broadcast the incident to agencies across the country, working with the media for photo and flier distribution and helping with press releases:

■ **THE CENTER FOR MISSING & EXPLOITED CHILDREN**

1-800-THE-LOST  
(1-800-843-5678)  
[www.missingkids.com](http://www.missingkids.com)

■ **AMBER ALERT OF MICHIGAN**

Stations receive the Amber Alert from the Michigan State Police. The State Police receive notice from local law enforcement agencies when these agencies are investigating an abduction. Only the State Police have the authority to issue an alert, and the State Police have a strict guideline of criteria that must be met in order for an Amber Alert to be activated. Once it is decided to activate an alert, the State Police also determine which regions of the state should be activated.

■ **EAGLE EYE/CHILD NET PROGRAM**

A partnership between the United States Postal Service and Michigan's Missing Children Information Clearinghouse that utilizes postal carriers to search for missing children. Postal carriers are provided a missing child flier, and while they are on their normal delivery routes, they search for the child.

■ **LOCATER**

A computerized program supplied by the National Center for Missing & Exploited Children (NCMEC) that electronically creates and disseminates images and case information on a missing child. This system allows law enforcement to create missing children posters, and place the missing children images on the NCMEC website.



## — Safety Tips & Child Identification Kits —

### THE MICHIGAN STATE POLICE OFFERS TIPS FOR PARENTS AND GUARDIANS TO HELP KEEP THEIR KIDS SAFE.

- Teach your children to ask your permission before going anywhere or with anyone.
- Teach your children that if something makes them feel uneasy or uncomfortable, they should get away quickly and tell their parents or a trusted adult about what had happened.
- Teach your children that it is okay to be suspicious of an adult asking for assistance. Many child predators use this tactic to isolate and distract a possible child victim.
- Assure your children that they have the right to say "no" when they sense something is wrong.
- Be sure your children know their home address and how to contact a parent or guardian (cell or work phone numbers) in the event of an emergency.
- Be sure your children know how to dial 9-1-1 if they need help in an emergency. Teach them to tell the 9-1-1 operator their name and to not hang up until instructed to do so by the 9-1-1 operator or law enforcement officer.
- Come up with a code word that your children can learn in case there is an emergency, and they need a trusted adult to contact them. They should understand the code word is special and should not be shared with their friends.

As of September 2014, there are over 3,000 reported missing children (17 years and younger) in the state of Michigan.

—Reported by statewide law enforcement

### The Michigan State Police offers free child identification kits!

The kit includes a CD with your child's fingerprints, photos, an audio recording of their voice, and vital description information.\*

The CD can be given to law enforcement and be used with the Amber Alert system in the event your child goes missing.

If you would like information about child identification kits, check with your local law enforcement agency about safety events in your area. Each police post has a Community Service Trooper that will help you get a free ID kit for your child.

**Safety Identification Program**

Provided By:

CD contains some or all of the following information:

- Bio Data Sheet
- Digital Fingerprints

Date Created: \_\_\_\_\_

**Right Thumbprint**

**In the event that your**

**Johnny R Safetykid**  
1234 Anywhere Lane  
Any City, MI 12345

DOB: 01/01/2001      Height: 4' 3"  
Hair: Auburn      Weight: 65lbs  
Eyes: Brown Dark      Glasses: NO  
Race: Caucasian      Gender: M

ALLERGIC TO BEES  
Scar on right arm and birth mark on right thigh

Guardian: **Bill and Sally Safetykid**  
PH#1 (123)12301234 PH#2 (231)231-2235 PH#3: (222)333-4444

*\*The kit information, including fingerprints, is not maintained or saved by the Michigan State Police. Parents and guardians have full responsibility to safely store the CD and other supplied materials.*

## Students & Distracted Walking

### TEACH YOUR KIDS TO PUT THEIR DEVICES DOWN BEFORE CROSSING STREETS.

There is growing concern over the distracted walking behaviors of children. Teens and pre-teens will often listen to music with headphones while walking to and from school. They may use their phones to chat and text their friends and to access the Internet.

While kids may be distracted for many reasons, technological distractions directly impact a child's capacity to hear and see the changing environment around them.

Teens and pre-teens may be more willing to take risks when they perceive their surroundings are safe, for instance if there is a



traffic light present. They may see the road they are about to cross has a traffic light and decide it is safe to cross even while texting or wearing headphones.

### Tips For Safe Street Crossing

- Put mobile devices down, look up, and listen before crossing a street
- Pull down headphones
- Make eye contact with drivers before crossing, don't assume they see you

### Drive With Extra Care

- Be especially alert in residential neighborhoods and school zones when driving. Bikers, walkers and runners may be wearing headphones and may step into the street unexpectedly.
- When driving, put cell phones and other devices out of sight to help avoid distractions.

## The Basics of Pedestrian Safety

### TEACH KIDS EARLY

**If your child is in middle school or high school, it may have been a while since you have talked about pedestrian safety.**

**If your child uses electronic devices while walking, discuss the importance of lowering their headphones or device before crossing a street.**

- It's always best to walk on sidewalks or paths
- If there are no sidewalks, walk facing traffic and as far away from vehicles as possible
- Cross at street corners, using traffic signals and crosswalks
- Do not cross in the middle of the block or between parked cars
- Watch out for cars that are turning or backing up
- Children under 10 years of age (approximately) should cross the street with an adult—it can be hard for kids to judge the speed and distance of cars
- If walking in the dark, be extra alert; carry a flashlight or wear reflective clothing or shoes







# The Michigan Child Protection Law

## Child Protection Law

Act 238 of 1975

MCL 722.621 – 722.638

AN ACT to require the reporting of child abuse and neglect by certain persons; to permit the reporting of child abuse and neglect by all persons; to provide for the protection of children who are abused or neglected; to authorize limited detainment in protective custody; to authorize medical examinations; to prescribe the powers and duties of the state department of social services to prevent child abuse and neglect; to prescribe certain powers and duties of local law enforcement agencies; to safeguard and enhance the welfare of children and preserve family life; to provide for the appointment of legal counsel; to provide for the abrogation of privileged communications; to provide civil and criminal immunity for certain persons; to provide rules of evidence in certain cases; to provide for confidentiality of records; to provide for the expungement of certain records; to prescribe penalties; and to repeal certain acts and parts of acts.

**Listed below are excerpts from Michigan's Child Protection law. Please visit the Michigan Legislature's website, [www.legislature.mi.gov](http://www.legislature.mi.gov) for the full text of the law. (See page 59 for information on how to search Michigan laws online.)**

***Please note:*** Excerpts of this law should not be used in place of legal advice or assistance from law enforcement, state departments or health professionals.

## DEFINITIONS

MCL 722.622.amended (e), (f), (o)

\*\*\*\*\*722.622 THIS SECTION IS AMENDED  
91 DAYS AFTER ADJOURNMENT OF THE  
2014 REGULAR SESSION SINE DIE:  
See 722.622.amended\*\*\*\*\*

The definition for "child" in this law means a person under 18 years of age. "Child abuse" means harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare. The definition of "Department" means the department of human services.

## KNOWLEDGE OF OR SUSPICION IN NEWBORN INFANT

MCL 722.623a (3a)

In addition to the reporting requirement in section 3, a person who is required to report suspected child abuse or neglect under section 3(1) and who knows, or from the child's symptoms has reasonable cause to suspect, that a newborn infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body shall report to the department in the same manner as required under section 3.



## ———— The Michigan Child Protection Law ————

### **A CHILD MAY REPORT ABUSE OR NEGLECT**

MCL 722.624 (4)

In addition to those persons required to report child abuse or neglect under section 3, any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or a law enforcement agency.

### **INVESTIGATIONS**

MCL 722.632a (12a)

This act does not preclude or hinder a hospital, school, or other agency from investigating reported claims of child abuse or neglect by its employees or from taking disciplinary action based upon that investigation against its employees.

### **FAILURE TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT**

MCL 722.633 (13.1-4)

According to this section, a person who is required to report an instance of suspected child abuse or neglect and who fails to do so is civilly liable for the damages proximately caused by the failure. Additionally, this person can be guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both.

### **REQUEST FOR TERMINATION OF PARENTAL RIGHTS**

MCL 722.638 (18.1a(i-vi)(bi-ii)(A-H), (2)

This section pertains to the department submitting a petition for authorization by the court under section 2(b) of chapter XIIA of 1939 PA 288, MCL 712A.2, if 1 or more of the following apply: the department determines that a parent, guardian, or custodian, or a person who is 18 years of age or older and who resides for any length of time in the child's home, has abused the child or a sibling of the child and the abuse included 1 or more of the following: abandonment, criminal sexual conduct, battering, torture, life threatening injury, murder or attempted murder. Additionally, if the parent is a suspected perpetrator or is suspected of placing the child at an unreasonable risk of harm or fails to eliminate that risk, "the department shall include a request for termination of parental rights".

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*Law excerpts current at time of printing.*



## Search Michigan Laws Online

[www.legislature.mi.gov](http://www.legislature.mi.gov)

The Michigan Legislature's website allows you to search and read the laws of our state. You can use the Michigan Compiled Law (MCL) number or use a keyword to search for each law:

**STEP 1**

Go to  
[www.legislature.mi.gov](http://www.legislature.mi.gov)

**STEP 2**

Click on  
"Basic MCL Search"

**MICHIGAN LEGISLATIVE WEBSITE**  
Michigan Compiled Laws Complete Through PA 625 of 2012  
House: Adjourned until Tuesday, April 09, 2013 1:30:00 PM  
Senate: Adjourned until Tuesday, April 09, 2013 10:00:00 AM

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**Welcome!**  
A free service of the Michigan Legislative Council, the Michigan House of Representatives, and the Michigan Senate.

**Legislative Bill Search for 2013-2014 Session**

**Bill Number**  
Search  
(ex. "4001" or "4001-4005")

**Bill Content**  
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Please Select a Category (2013-2014) Search  
(ex. select 'weapons' to show related bills even if 'weapons' is not found in the text of the bill.)

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(ex. "2.29" or "8.40-8.50")

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**STEP 3**

If you know the MCL Number,  
type it in here.

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**Statute Number(s)**

**Popular Name**

**Chapter Number(s)**

**Session** Regular

**Key Words** Search

You can also search using  
keyword(s), by typing them here.

Use quotation marks around  
multiple words, for example,  
"child protection law".

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Multiple Search Options for the Michigan Compiled Laws

**MCL Section Number(s)**

**Statute Number(s)**

**Popular Name**

**Chapter Number(s)**

**Session** Regular

**Key Words** "child protection law" Search

Please note: Self-generated legal searches should not replace the advice and assistance from law enforcement or an attorney.

## NOTES

## NOTES



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*The information in this publication is available,  
upon request, in an alternative, accessible format.*

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For more information regarding the Michigan Legislature,  
scan this QR code with your smartphone.